



New Zealand Ice Hockey Federation

National Coaching Accreditation Program

Practice Plan



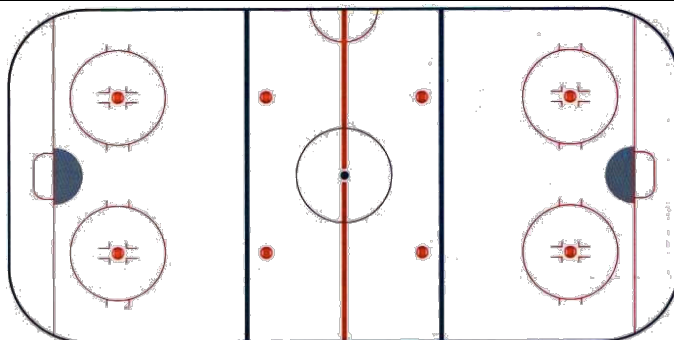
OBJECTIVES / FOCUS / REMARKS / ABSENCES:

CAMP/TEAM: _____
COACHES: _____
DATE: _____ TIME: _____
VENUE: _____
PRACTICE NUMBER: _____

Timing: _____ Coach: _____

Drill Name: _____

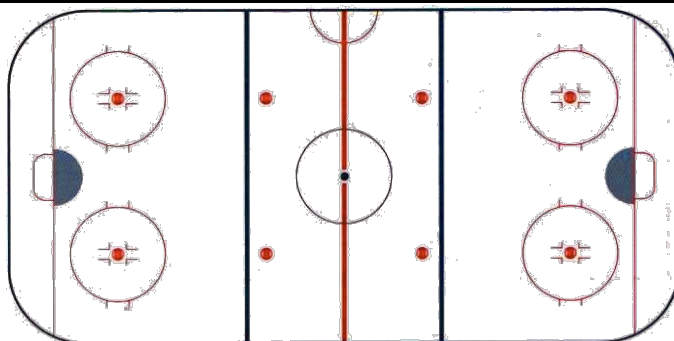
Key Points: _____



Timing: _____ Coach: _____

Drill Name: _____

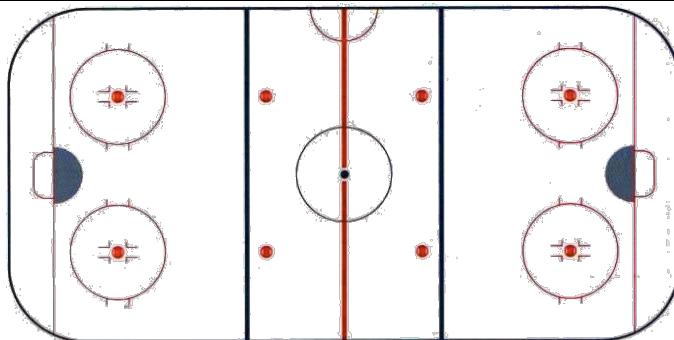
Key Points: _____



Timing: _____ Coach: _____

Drill Name: _____

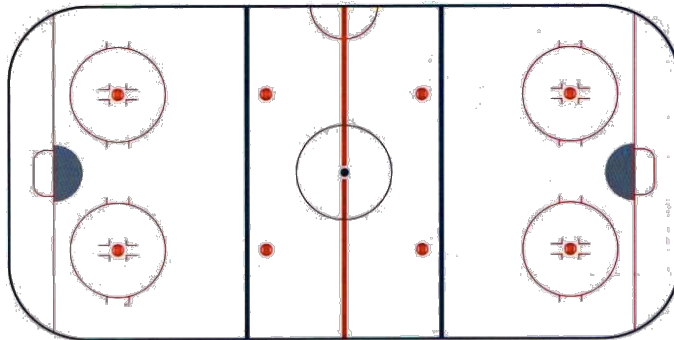
Key Points: _____



Timing: _____ Coach: _____

Drill Name: _____

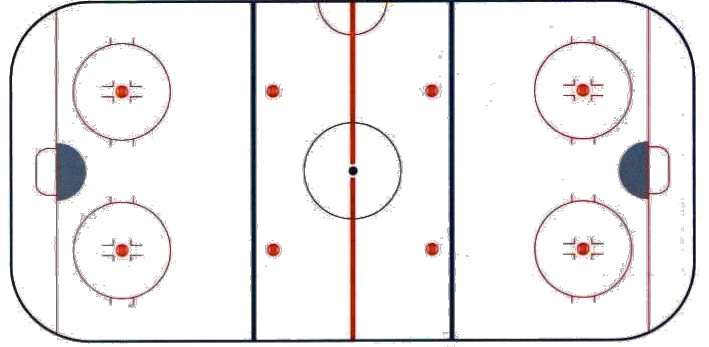
Key Points: _____



Timing: _____ Coach: _____

Drill Name: _____

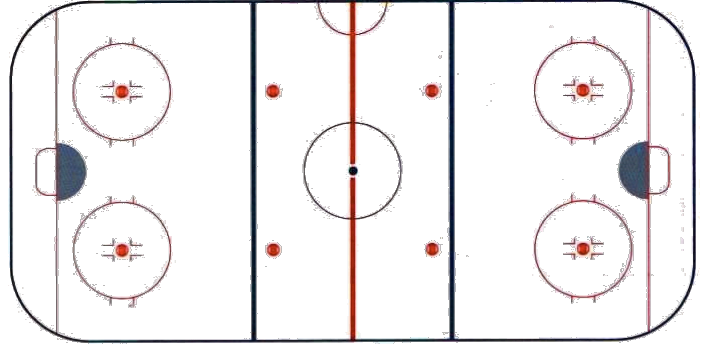
Key Points: _____



Timing: _____ Coach: _____

Drill Name: _____

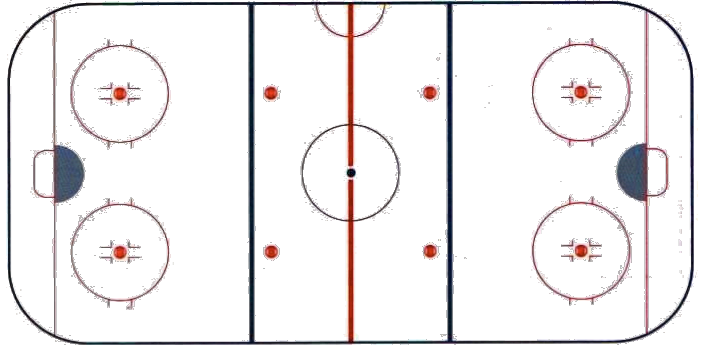
Key Points: _____



Timing: _____ Coach: _____

Drill Name: _____

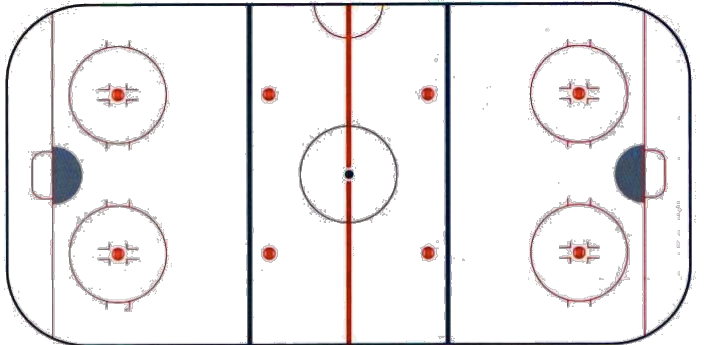
Key Points: _____



Timing: _____ Coach: _____

Drill Name: _____

Key Points: _____



FUTURE FOCUS / COMMENTS / ANALYSIS:

