



Awards Request Form

MN Hockey District: _____ Association Name: _____
 (i.e. Anoka Hockey Assoc not AHA)

Team Level/Classification: _____
 (i.e. Bantam A, PeeWee B, Squirt B, Girls 10UA, Girls 12UB, etc.)

Zero Award: For a goalkeeper playing a complete game without allowing a goal.

Hat Trick Award: For a player scoring three goals in one game.

Playmaker Award: For a player registering three assists in one game.

Player awards are distributed under the following conditions:

1. The recipient is a registered and rostered player.
2. The game was in league competition (not scrimmage or exhibition), a sanctioned tournament or a MN Hockey playoff involving only USA Hockey registered teams.
3. The game was officiated by registered USA Hockey referees and they have signed the score sheet.
4. Eligible player categories: All players Squirt/10U and above.
5. A readable, unaltered copy of the score sheet with the players listed is required with the application.
6. A copy of the official signed roster must be included with each request.
7. Limit of ONE of each award per player per season - i.e. one Hat Trick, one Playmaker and one Zero
8. Please batch your requests and send them in 2 or 3 times per season – not every time an individual has earned a patch.

| | Players Name | Opponent | Game Date | Game Score | Zero Award | Hat Trick | Play-maker |
|----|--------------|----------|-----------|------------|------------|-----------|------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |

Please allow 10 to 14 days for processing.
 We do not mail patches to individual players.

Mail Requests to:
 Rich Rakness
 222 Dale St E
 South St Paul, MN 55075

Coach/Manager - this is where the awards will be mailed

Name: _____
 Street: _____
 City, State, Zip Code _____
 Email: _____

AWARDS ARE NOT AVAILABLE TO BE PICKED UP – THEY ALL ARE MAILED.