

This form must be used for all award requests. It is available at minnesotahockey.org.



## Awards Request Form

MN Hockey District: \_\_\_\_\_ Association Name: \_\_\_\_\_  
(i.e. Eagan 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.  
S St Paul, MN 55075

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

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Email: \_\_\_\_\_

**AWARDS ARE AVAILABLE TO BE PICKED UP**