

This form must be used for all award requests.



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. **No patches will be awarded for games in which the goal difference is 10 or greater (i.e. 10 to 0, 12 to 2, etc.).**
8. **Limit of ONE of each award per player per season - i.e. one Hat Trick, one Playmaker and one Zero**
9. **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:

Mandi Lund
1255 Edgewood Drive
Thief River Falls, Mn 56701

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.