

## Awards Request Form

MAHA District: \_\_\_\_\_ Association Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

Team Classification: \_\_\_\_\_

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

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

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

**Player awards are distributed under the following conditions:**

1. The recipient is a registered player.
2. The game was in league competition (not scrimmage or exhibition), a sanctioned tournament or a MAHA playoff involving only USA Hockey registered teams.
3. The game was officiated by registered USA Hockey referees.
4. Eligible player categories: All players Squirt and above.
5. **A readable copy of the scoresheet with the players listed is required with the application.**
6. **No patches will be awarded for games in which the goal difference is 10 or greater (i.e. 10 to 0, 12 to 2, 13 to 1, etc.).**
7. **Limit of ONE of each award per player per season.**

|    | Players Name | Opponent | Game Date | Game Score | Zero Award | Hat Trick | Play-maker |
|----|--------------|----------|-----------|------------|------------|-----------|------------|
| 1  |              |          |           |            |            |           |            |
| 2  |              |          |           |            |            |           |            |
| 3  |              |          |           |            |            |           |            |
| 4  |              |          |           |            |            |           |            |
| 5  |              |          |           |            |            |           |            |
| 6  |              |          |           |            |            |           |            |
| 7  |              |          |           |            |            |           |            |
| 8  |              |          |           |            |            |           |            |
| 9  |              |          |           |            |            |           |            |
| 10 |              |          |           |            |            |           |            |
| 11 |              |          |           |            |            |           |            |
| 12 |              |          |           |            |            |           |            |

**Please allow 10 to 14 days for processing.**

Send Request to:

Coach/Manager

Carol Carlson  
1411 Lookout Street  
Stillwater MN 55082

Name: \_\_\_\_\_

Street: \_\_\_\_\_