# AWARDS

**HAT TRICK..... 1 Per Season**
**PLAYMAKER... 1 Per Season**
**ZERO.....1 Per Season**

**Please attach copy of game sheet to this form**

Hat Trick..... 3 Goals in one Game
Playmaker..... 3 Assists in one Game
Zero.....No Goals allowed by a Goalie

Program Name: _____

Date Award Accomplished: _____

Players Name: _____

Age of Group: MIDGET ☐ BANTAM ☐ PEEWEE ☐
SQUIRT ☐ MITE ☐

Send Award To:
Coaches Address _____
NAME

_____
STREET

_____
CITY STATE ZIP CODE

**GAMES PLAYED MUST BE AGAINST A REGISTERED TEAM**

**Send this form to:**

Ron DiFilippo
9 Mohawk Street
Danvers, MA. 01923

NO PATCHES WILL BE SENT IF GAME SHEET IS NOT ATTACHED

$1.00 POSTAGE AS HANDLING FEES.....1 TO 5 Patches
$2.00 POSTAGE AS HANDLING FEES.....6 TO 10 Patches
$3.00 POSTAGE AS HANDLING FEES.....11 or more Patches