



# USA HOCKEY AWARD PATCHES

- Zero Club                      No Goals Allowed by A Goalie\*
- Hat Trick                      Three (3) Goals In One Game
- Playmaker                      Three (3) Assists In One Game

*\* Goalies Must Play A Complete Game Without Allowing A Goal*

Team ID Code: \_\_\_\_\_ *(May be found on your team roster)*

Association/Team Name: \_\_\_\_\_

Team Manager/Coach Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Team Classification     6U     8U     10U     12U     14U     16U     18U     19U\*  
(\*GIRLS ONLY)

*Limit of one patch per award, per season, per player. USA Hockey Season September 1 - August 31*

Players Name	Game Date	Type of Award		
		Zero Club	Hat Trick	Playmaker
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MANAGER/COACH SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please submit this completed form with a full legible copy of each scoresheet to:**

BY EMAIL: Registrar@AAHAHockey.org

BY MAIL: KAREN FUND - Atlantic District Registrar  
 690 CENTER ROAD  
 QUARRYVILLE, PA. 17566

*Please Allow 10 Business Days For Processing And Return*