

**THE
CONNECTICUT HOCKEY CONFERENCE**



PLAYER AWARDS FORM

HAT TRICK _____ **PLAY MAKER** _____ **ZERO** _____

DATE AWARDED ACCOMPLISHED _____

PLAYER INFO:

NAME _____

ADDRESS _____

TELEPHONE _____ **D.O.B** _____

C.H.C. MEMBER HOCKEY ASSOCIATION _____

COACHES NAME _____

TELEPHONE NUMBER _____

- 1. Player is eligible for one of each award per season.*
- 2. Include a copy of the score sheet.*
- 3. Send this form to*

*Patty Garcia
70 Strong St. Ext.
East Haven, CT 06512
Phone: 203-467-7805
Fax: 203-467-1025*