

PARTICIPATION REPORT FORM

**Due By:
Apr. 30**

PLEASE INDICATE THE NUMBER OF PARTICIPANTS IN YOUR COUNCIL CONTEST:

AGE GROUPS	9	10	11	12	13	14	15	16	17	TOTALS
BOYS	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
GIRLS	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
TOTALS	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____



CONTEST PARTICIPATION REPORT FORM:

Immediately following the local council contest, the grand knight should complete and submit the Hockey Challenge Participation Report Form(SO - 10855) to the State Hockey Chairman. This form provides the State Council office with valuable participation statistics as well as feedback about the program in general.

PERSONAL COMMENTS OR OBSERVATIONS CONCERNING THE HOCKEY CHALLENGE PROGRAM:

SIGNED: _____
Grand Knight

COUNCIL NO. _____

CITY/TOWN _____

STATE/PROVINCE _____