

# PARTICIPATION REPORT FORM

Due By:  
Apr. 31

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:

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SIGNED: \_\_\_\_\_  
Grand Knight

COUNCIL NO. \_\_\_\_\_

CITY/TOWN \_\_\_\_\_

STATE/PROVINCE \_\_\_\_\_