

Hockey Challenge Entry Form/Score Sheet

I wish to enter THE KNIGHTS OF COLUMBUS HOCKEY CHALLENGE in the category and age group checked below. My eligibility is to be determined by my age as of January 1. I also understand that I may only compete in one council level competition. Secondary school athletes should check with the school athletic director about eligibility before participating.

Boys Girls Council # _____ AGE:
 10 11 12 13 14 15 16 17

Note: This same form must be used for the Council, District and Jurisdiction Competition — please be sure it is passed on accordingly.

Name of Entrant _____ Date of Birth _____

Street Address _____

City _____ State/Province _____ Postal Code _____

Parent/Guardian Telephone (Circle one: Home Cell) _____ Signature of Entrant _____

This Section To Be Completed By Parent/Guardian:	Council No. _____
<p>By signing below, the undersigned requests and approves of the entrant's registration and participation in the KNIGHTS OF COLUMBUS HOCKEY CHALLENGE ("The Contest"). In consideration for the entrant's participation in the Contest, the undersigned (1) acknowledges that the entrant's participation will be at the sole risk of the entrant and the undersigned (2) agrees to release, indemnify and hold the Knights of Columbus Supreme Council, its subordinate units, officers, agents, members and employees harmless from any and all demands, claims or causes of action arising from or relating to the entrant's participation in the Contest. The undersigned also agree to allow representatives from the Knights of Columbus Supreme Council or any of its subordinate units to take and publish photographs or videos of the entrant during the Contest. The entrant may compete in only one council level competition. Parent or guardian must sign this form before entrant competes.</p>	
_____ Parent/Guardian	_____ Date signed

This Section To Be Completed K of C Officials:

SCORING INSTRUCTIONS: Each contestant will be allowed **10** consecutive shots at goal in **council** competition and **15** consecutive shots at goal in **all other levels**. Indicate number of shots "made" in first column. Those tied for highest score will compete in successive rounds each being allowed 5 shots at goal until one contestant emerges as winner. Use other columns to indicate scores in "playoff" rounds.

COMPETITION LEVEL	SCORING:		<input checked="" type="checkbox"/> SHOTS MADE	<input type="checkbox"/> SHOTS MISSED	TOTAL SHOTS MADE
COUNCIL:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DISTRICT:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
REGIONAL:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
JURISDICTION :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(Councils should retain a copy of this completed form for their files)

