10,000 PUCKS FOR KIDS

Player Name _____ **Association** _____

Pledge to shoot 10,000 pucks to work on your shot over summer vacation! Family and friends pledge a dollar amount they will pay when you reach your goal. All collected proceeds will be donated to **Golisano Children's Hospital** in Syracuse. Players who reach their goal will receive recognition from the Snowbelt Hockey League.

Completed forms and money should be turned in to your Snowbelt Rep.

Name	Amount Pledged

10,000 PUCKS FOR KIDS

Player Name ________________________________ **Association** ________________________________

Day/Week	Shots Taken	Running Total

10,000 PUCKS FOR KIDS

Player Name ______________________________ **Association** ______________________________

Day/Week	Shots Taken	Running Total

10,000 PUCKS FOR KIDS

Player Name ______________________________ **Association** ______________________________

Day/Week	Shots Taken	Running Total