

WAYZATA YOUTH HOCKEY ASSOCIATION
ACADEMIC AWARDS PROGRAM

FORM B

Use this form if you are in an elementary school that does not give letter grades

PLEASE PRINT

Name: _____ School: _____

Home Address: _____

Home Phone Number: _____ Alt. Phone Number _____

CIRCLE LEVEL: 1st yr. Squirt* 2nd yr. Squirt U10 Girls* U12 Girls*
Student-athlete must be in 4th grade or above to be eligible

Head Coach: _____ Team Name(e.g.Squirt B Gold): _____

Requirement #1: Progress Report Cards

Please attach a photocopy of your report card(s).

80% of marks must be either “E”(exemplary) or “P”(Proficient) to be eligible. (For example, if there are 40 markings per grading period, 32 of the markings must be “E” or “P”.)

Requirement #2: Teacher Recommendation & Signature

Please request your child’s teacher to sign below:

If letter grades were given, my student, _____’s grade average thus far through the year (January 2009) would be of a “B” average or higher. I highly recommend him/her for the Wayzata Youth Hockey Association Academic Award.

Teacher’s Signature(s): _____ Teacher’s Name(s) _____

Requirement #3: Player/Parent Signatures

(Player’s signature)

(Parent/Guardian Signature)

**PLEASE RETURN ALL NEEDED PAPERWORK TO YOUR TEAM REP BY MARCH 3rd.
YOU MAY ALSO DROP YOUR PAPERWORK IN THE BLUELINE (GREEN) MAILBOX IN RINK A BY MARCH 3rd
– NO APPLICATIONS/REPORTS CARDS WILL BE ACCEPTED AFTER FEBRUARY 22nd.**

QUESTIONS? Contact Lisa Leininger lisaleininger@comcast.net 763-473-4454