10,000 PUCKS CHALLENGE TRACKING SHEET

	APRIL	MAY	JUNE	JULY	AUG	SEPT
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TOTAL SHOTS: ____________________

PLAYER NAME: ____

PLAYER SIGNATURE: ____

PARENT NAME: ____

PARENT SIGNATURE: ____

*** USE ADDITIONAL FORMS AS NEEDED. THE COMPLETED AND SIGNED FORM(S) MUST BE TURNED INTO OFFICE BY OCTOBER 1ST***