Moose Youth Hockey Bricklayers Club

Goalie:

Current Annual Thresholds

Squirt/U10 45 points

PeeWee/U12 55 points

Bantam/U14 65 points

Points:____

Attend Goalie Clinic Yes, No, N/A (fill in all days) Yes, No, N/A (fill in all days) H of Pucks Shot Weekly goal) Winutes of Wall Ball # 4	of						
Attend Practice (fill in all days) # of Pucks Shot # (not to exceed 40% of weekly goal)	of						
# of Pucks Shot weekly goal)	of	1					
Minutes of Wall Pall #							
Williates of Mail Dall "							
Mobility/Yoga Yes, No, N/A (fill in all days)							
Attend Mentee Practice Yes (fill in day attended)							
Attend Mentee Game Yes (fill in day attended)							
Attend Squirt Mentee Practice (fill in day attended)							
B Attend Squirt Mentee Game (fill in day attended)							
Attend Mite/U8 Practice Yes (fill in day attended)							
ubmit a picture/scan of this form to the Goalie Coordinator each Mond	day						
gnatures are required for credit to be earned (bring this form to Goalie	Clinics and	mentee/N	lite ice tim	nes to rece	ive signatı	ures)	
hot Goals: Squirt/U10 - 150/week, PeeWee/U12 - 250/week, Bantam/	J14 - 350/w	eek					
/all Ball Goals: Squirt/U10 - 15 minutes/week, PeeWee/U12 - 20 minut	es/week, Ba	ntam/U14	- 25 minu	ites/week			

Week of:_____

Goalie Signature: ______ Date: ______

Parent Signature (all information): _______

Coach Signature (practice attendance): _______

Outside Goalie Coach/Goalie Coordinator Signature (clinics): _______

Mentee Coach Signature (mentee practice/game attendance): _______