



Carstairs Bruins U11 Season Goal Sheet

Player's Name: _____

Parent(s) Name: _____

Number player would like to wear this season Choice #1 _____ Choice #2 _____ Choice #3 _____

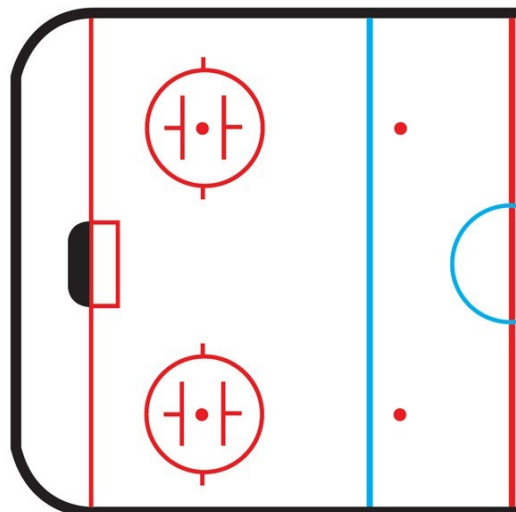
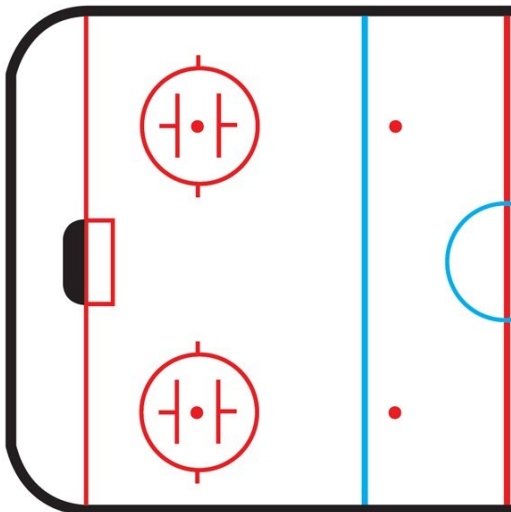
What position would you like to play this year _____

What hand do you shoot? Right _____ Left _____

Players Question:

What are 3 goals I would like to achieve this season?

What Drill would I like to do this season:





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Parents Question:

What are 3 goals I would like to see my child achieve this season?

Is there anything that we, as coaches, need to be aware of that will help support your child this hockey season?
