

LEVEL / GAME TYPE Intermediate Beginner Tournament (136 Reg. Season Playoff Gm. City: 51

Send Completed Sheet To: Hockey North America/DSSI P.O. Box 78 Sterling, VA USA 20167 Tel: (703) 430-8100 Toil Free Fax: (888) HNA-SKOR AFTERTHE GAME-READ CAREFULLY

This sheet must be completely filled out (attending rosters, shots on goal, scorers & penalties) and returned to the LEAGUE OFFICE WITHIN 72 HOURS OF GAME DATE to receive full credit. After 72 hours, 1/2 credit. If submitted after the season, 1/4 credit. Fax the completed sheet to HNA's toll free fax line (888) HNA-SKOR. Double check your work that the teams / scorers & jersey numbers all match up correctly. Scorekeeper:Mark your name clearly to ensure proper credit.

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Date: 500 11 Arena: VEBSTE Time: 1030 AM/PM

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Per. 3: 6 Total: 29 Shot Totals Per. 1: 15 Per. 2: 8 Shot Totals Per. 1: 10 Per. 2: 13 Per. 3: // Total: 34-

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Print: M. SCHEET 2. M. GAMPSAU int.

DATE RETURNED: VALUE: \$

CODE: F/OT R SOG LT AS

Top Copy: League Office 2nd Copy: Local Administration 3rd Copy: Home Captain 4th Copy: Away Captain