



OFFICIAL SCORESHEET

Send Completed Sheet To: Level of Play/Game Type
 Hockey North America/AIHF [] Intermediate
 45570 Shepard Drive #3 [] Beginner
 Sterling, VA USA 20164 [] Tournament
 Tel: (703) 430-8100 [x] Reg Season
 Fax: (888) HNA-SKOR [] Playoff Gm

AFTER THE GAME: Please be sure to note City, Teams, and Final Score and return the completed game sheet the following morning. Fax the completed scoresheet to HNA's fax line (scoresheets only). Fax (888) HNA-SKOR or by Email: aihf@earthlink.net. This sheet must be returned to the league office to receive credit to your player account.
 Scorekeeper: Mark your name clearly to ensure proper credit.
Make Sure The Teams & Score are Correct

Team Name	1	2	3	OT	Final
AWAY EAGLES	2	-	-	-	2
HOME KNIGHTS	-	-	-	-	0

Date: 10-15-19
 Arena: ICE ZONE
 Time: 7:40 AM/PM
 Game Supervisor: Schulte (HILBOY)

HOME TEAM

#	Name	#	Name
(G)			

FORFIET

AWAY TEAM

#	Name	#	Name
2 (G)	HARTFIELD (SUB)	87	Schaeffer
53	LEE	12	Gibbons
91	Whitmore	7	McCarthy
24	Hollenberg	85	Woods
9	CLACK		
44	Sheehan		
4	Hollenbach		
17	Jackson		
3	Clayton		
13	Peterson		

SHOTS ON GOAL

HOME TEAM															AWAY TEAM														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45
46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60

Shot Totals	Per. 1:	Per. 2:	Per. 3:	Total:	Shot Totals	Per. 1:	Per. 2:	Per. 3:	Total:
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HOME TEAM						SCORING				AWAY TEAM				PLAYER NO.			PENALTIES			
PER	PP/SH	TIME	GOAL	ASSIST	ASSIST	PER	PP/SH	TIME	GOAL	ASSIST	ASSIST	PERIOD	HOME	AWAY	MIN.	OFFENSE	START	EXPIRED	G/G	
						1		15:00	91	53	24									

Comments:

Officials
 1. _____ Print: _____ 2. _____ Print: _____ 3. _____ Print: _____
 Top Copy: League Office 2nd Copy: Local Administration 3rd Copy: Home Captain 4th Copy: Away Captain 5th Copy: Game Supervisor

LEAGUE OFFICE