Send Completed Sheet To: Level of Play/Game Type Hockey North America/AIHF 45570 Shepard Drive #3 Sterling, VA USA 20164 Tel: (703) 430-8100 Fax: (888) HNA-SKOR

] Intermediate] Beginner Tournament Reg Season 1 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. Take a picture of the game sheet with your phone & email it! Completed sheet must be returned to the League Office receive credit. Scorekeeper: Mark your name clearly to ensure proper credit.

Make Sure The Teams & Score are Correct

, in (000) min short	[] Theyon on	
Team Name	1 2 3	OT Final Date: JAN 19,2020
FLYENS	1. 1 1	3 Arena: K/2K WOO D Time: 10/30 AM/EM
	0 1 1	Game Supervisor:
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# Name Apan #	Name	# Name # Name
84(G) 42	VERBECK	(G) description 22 TOVANSVIC
5 WILSON 47 6 GATHARD 61	KELLY	3 2EBALA 31 DIFANI 6 SOLOMON 32 GIAMMANIO H PULLAM 33 REINGEL
13 DOW DY 69	GATHARD	H PULLAM 33 REINAUL 12 RISIG 73 BARDEN
16 LINDSEY, 78	CAVIN	13 KINLOUGH 77 HEDMAN
17 WELBOON 86	JOHNSON TAGORI	14 LUEGGER 78 BURKE
21 CAVIN 89	JACOBI	16 SCHAEFEL 93 EASTWOOD 18 REINSTER 94 MURPHY
35 ERNI	~	23 MECUTCHEN 95 DOYLE
HOME-TEAM	SHOTS ON	GOAL AWAY TEAM
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	49 49 49 69 19	
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Shot Totals Per. 1: 8 Per. 2: [Per. 3:	11 Total: 30 Sh	ot Totals Per. 1: 15 Per. 2: 16 Per. 3: 13 Total: 38
HOME TEAM SCORING PER PP/SH TIME GOAL ASSIST ASSIST PER PP/S	AWAY TEAM H TIME GOAL ASSIST ASSIST	PERIOD HOME AWAY MIN. OFFENSE START EXPIRED G/NG
2 2:50 29	3:21 95	2 32 Hansan 5:18 3:18 NG
3 7:55 16 29 77 2	5124 12	
	5155 12 6 32	
ommants:		
omments:		
Officials 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. []	7 (
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4th Copy: Away Captain

5th Copy: Game Supervisor

3rd Copy: Home Captain

2nd Copy: Local Administration