

## OFFICIAL SCORESHEET

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

Intermediate

Beginner [ ] Tournament [ ] Reg Season

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.

	Fax: (888) HNA-SKOR	[ Playoff Gm	Make Sure T	The Teams & Score are Correct
A	Team Name	1 2 3	OT Final	Date: APPL 37, 2024 Arena: 6056-West (Bev)
A REB	EXT	1 9 3	003	Time: 7/0 AM/RM  Game Supervisor:
H OM TOP	os .		0114	J.P. SEMMER
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Top Copy: League	e Office 2nd Copy: Local Admir		ain 4th Copy: Away Cap	otain 5th Copy: Game Supervisor Revised 08/2317

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