OFFICIAL SCORESHEET

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

Level of Play/Game Type
[ ] Intermediate
[ ] Beginner
[ ] Tournament
[ ] Reg Season
[ ] 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

	Team Name	1	2	3	OT	Final
AWAY	Bangers					
HOME	Clams					

Date: 5/12/24
Arena: Rockville
Time: 7:40 **AM / PM**
Game Supervisor: Michael Schick

HOME TEAM

#	Name
(G)	

Clams Forfeit.

AWAY TEAM

#	Name	#	Name
(G)			

SHOTS ON GOAL

HOME TEAM

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
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

Shot Totals **Per. 1:** **Per. 2:** **Per. 3:** **Total:**

AWAY TEAM

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
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

Shot Totals **Per. 1:** **Per. 2:** **Per. 3:** **Total:**

SCORING

HOME TEAM PER	PP/SH	TIME	GOAL	ASSIST	ASSIST	AWAY TEAM PER	PP/SH	TIME	GOAL	ASSIST	ASSIST

PENALTIES

PERIOD	HOME (PLAYER NO.)	AWAY (PLAYER NO.)	MIN.	OFFENSE	START	EXPIRED	G/NG

Comments: _____

Officials
1. [signature] Print: Cargill 2. [signature] Print: J. Giffen 3. _____ Print: _____

Top Copy: League Office *2nd Copy: Local Administration* *3rd Copy: Home Captain* *4th Copy: Away Captain* *5th Copy: Game Supervisor*

Revised 08/2317

LEAGUE OFFICE