

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 Fax: (888) HNA-SKOR

0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

[] 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).

Make Sure The Teams & Score are Correct

01 02 03 04 03 06 07 08 09 00 01 02 03 04 04

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	Tax the completed scoresheet to Thy A's lax line (scoresheets only)
1	Fax (888) HNA-SKOR or by Email: aihf@earthlink.net
	Take a picture of the game sheet with your phone & email it! Com
	pleted sheet must be returned to the League Office receive credit
	Scorekeeper: Mark your name clearly to ensure proper credit.

Date: Final OT Team Name Arena: AM /PM Time: Game Supervisor:

ME Hawks	1 1 6 Hotell			
HOME TEAM	AWAY TEAM Winter 2023 - 2024 – Detroit Thrashers			
# Name # Name R44(G) Mc Cabe 88 Har wood				
77 Sroka 36 Hereford 8 Meili 27 Everson 7 Barns 9 Plaza 91 Patterson 16 Quillico 2 Hereford 33 Rosers	32 Sage (G) 38 Bernaiche 10 Morris (C) 40 Serdoner 11 Chaha! 45 Carpenter (A) 14 Pagel 46 Kozar 20 Schuetz 52 Clevenger (A) 24 Hurley 61 Marut 28 Godinez 63 Kohlstrand 33 Grimes 67 Sutka			
HOME TEAM SHOTS (ON GUAL AWAY TEAM			
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				

Per. 3: Total: Shot Totals Per. 1: Per. 2: Per. 2: Per. 3: Total: Shot Totals Per. 1: **PENALTIES AWAY TEAM HOME TEAM** SCORING PLAYER NO. START EXPIRED G/NG OFFENSE PER PP/SH GOAL ASSIST ASSIST PERIOD HOME AWAY MIN. GOAL ASSIST ASSIST TIME PER PP/SH 10 GORITE THRASHERS MAMMO! JOICKEYS Comments:

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1.	// Print	: Jasab Harbows.	Print:	rk Mantors.	Print:	2
Top Co	py: League Office	2nd Copy: Local Administration	3rd Copy: Home Captain	4th Copy: Away Captain	5th Copy: Game Supervisor	Revised 08/2317