Hockey North America

LEVEL / GAME TYPE
Intermediate [ ]
Beginner [ ]
Tournament [ ]
Reg. Season [ ]
Playoff Gm. [ ]
City: _____

Send Completed Sheet To:
Hockey North America/DSSI
P.O. Box 78
Sterling, VA USA 20167
Tel: (703) 430-8100
Toll Free Fax: (888) HNA-SKOR

AFTER THE GAME - READ CAREFULLY
This sheet must be completely filled out (attending rosters, shots on goal, scorers & penalties) and returned to the LEAGUE OFFICE WITHIN 72 HOURS OF GAME DATE to receive full credit. After 72 hours, 1/2 credit. If submitted after the season, 1/4 credit. Fax the completed sheet to HNA's toll free fax line (888) HNA-SKOR. Double check your work that the teams / scorers & jersey numbers all match up correctly. Scorekeeper: Mark your name clearly to ensure proper credit.

Team Name	1	2	3	OT	Final
The Heat	2	1	1	–	4
Wolf Pack	1	1	–	–	2

Date: December 5, 2019
Arena: Vino West
Time: 10:30 AM / PM
Game Supervisor: Les

TEAM

Name The Heat # Name

The Heat			
34	Loretta Lucic (G)	19	Christine Kalivoda
4	Dawn Mawson	[redacted]	
6	Sandra Drag	[redacted]	
7	Jacki Leesman	26	Kristal Gibson
8	Shay O'Brien	[redacted]	
11	Debra Tainton	77	Mary-Lou O'Byrne
14	Lynita Haaranen	[redacted]	
[redacted]			
[redacted]			
17	Megan O'Brien		

SPARES
[redacted]
[redacted]
[redacted]
[redacted]

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TEAM

Name Wolf Pack # Name

(G)	E. LLOYD	
10	L. ICALMAN	
15	L. GOETTEN	
5	D. CUSMAN	
26	D. HAIST	
43	S. KEMP	
12	L. SCHWARTZ	
9	J. MALKIN	
7	S. LEWINSKY	
8	D. DUREAULT	

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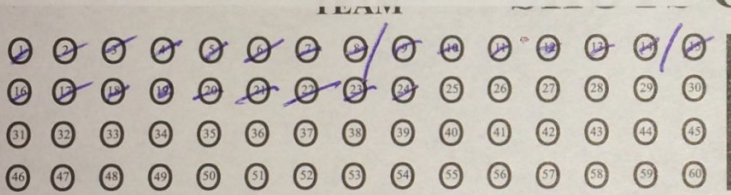
Labels provided by: WeCanSellYourProperty.com

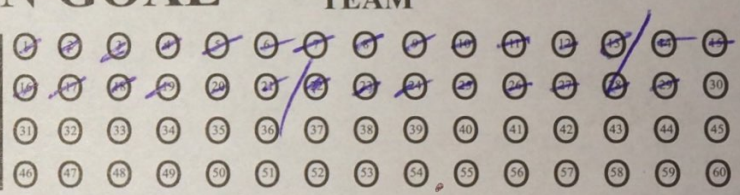
ON GOAL

TEAM



Shot Totals Per. 1: 8 Per. 2: 6 Per. 3: 10 Total: 24

TEAM



Shot Totals Per. 1: 13 Per. 2: 8 Per. 3: 8 Total: 29

SCORING

Heat TEAM

PER	PP/SH	TIME	GOAL	ASSIST	ASSIST
1	–	3:56	7	6	–
1	–	2:21	14	26	–
2	–	2:13	26	19	17
3	–	5:19	26	11	4

Wolf Pack TEAM

PER	PP/SH	TIME	GOAL	ASSIST	ASSIST
1	–	12:02	15	8	–
2	–	2:29	12	43	10

1

2

PENALTIES

PERIOD	H PLAYER NO.	W PLAYER NO.	MIN.	OFFENSE	START	EXPIRED	G/NG
1	–	26	2	Inter	9:18	7:18	NG
2	–	43	2	Trip	10:22	8:22	NG
3	–	5	2	Hook	12:41	10:41	NG
3	4	–	2	Trip	2:14	0:14	NG

Comments: _____

Officials
1. _____ Print: Cory 2. _____ Print: Ryan

Revised 10/01/07

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

DATE RETURNED: _____
VALUE: $ _____
CODE: F/OT R SOG LT AS

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