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

1 P. Summary Print: M. Chernitsty 2.

Top Copy: League Office 2nd Copy: Local Administration

eve	el	of Play/Game	Ty
		Intermediate	
Ē	1	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. This sheet must be returned to the league office to receive credit to your player account. to your player account.

Scorekeeper: Mark your name clearly to ensure proper credit.

Print:

5th Copy: Game Supervisor

Team Name 1 2 3 OT Final Date:	9 (2)	
Team stante 1 2 3 01 Final Dates	117/18	
henegades 3 3 0 6 Arena: Time:	Kirhwasi 9:30	AM (ON)
	ame Superv	
	ASTEL	
# Name # Name # Name AWAY TE	AM Nan	ne
	9 D. Un	
22 D. Jansty 4 N. Tutle 26 J. Kenne 7	5 R. Ku	iestes
13 T. Fredericas 5 T. white 23 J. Marco 3	7 C. Bil	lingsley
4 K Hette 8 J. Scott 88 J. Krans 1		Comish
70		pheel
97 O. Madrid 9 M. Off , 43 M. Feldt 9	3 A. K.	- Louitz
27 J. Parte 97 O. Madril 38 PJ Tallo		
HOME TEAM SHOTS ON GOAL AWAY TEAD	M	
		of or a
Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø	8 8 9	
	e e e	G (4) (6)
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	69 69 69	0 0 0
Shot Totals Per. 1: 5 Per. 2: 14 Per. 3: 4 Total: 23 Shot Totals Per. 1: 10 Per. 2: 6 P	Per. 3: 4	Total:20
HOME TEAM SCORING AWAY TEAM PLAYER NO. PENALTH	ES	
PER PP/SH TIME GOAL ASSIST ASSIST PER PP/SH TIME GOAL ASSIST ASSIST PERIOD HOME AWAY MIN. OFFEI		EXPIRED GING
1 339 20 23 6 1 75 E150		Q 846
1 105 8 20 1 24 Intert	erena ag	7444 G
2 Pp 1444 26 23 43 3 7 Slas	sh 931	331
2 1327 20 10 B Harb	-16 D2	033
	100 200	
	/	
	7	
Comments:		

3rd Copy: Home Captain

Print:

4th Copy: Away Captain