### 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	A-SKUR Playoff Gm	Muke Sure The	e Jeums & Score are Correct
Team Name  RENEGADES	1 2 3 Ø 1	OT Final	Date: 3.25.18 Arena: <u>STLouis (WSBSTER)</u> Time: <u>8:45</u> AM/PDP
W VoyAGERS	5 Ø Ø	15	Game Supervisor: Jon Solomon
# Name HOME T	EAM # Name	# Name Bull	AY TEAM  Wame  Name
64 JONGS X9 (77 SURIGOS 46 HELLAND X 24 HENDGREON	72 56RO1 99 NATIONS 10 MOESENTHIN 4 HUBGE 19 ROGSON	26 JASON MAR 23 J. MARCO 26 KEUNE 88 KRAUS 43 FEUDT 43 FEUDT 50 SOMMER 17 MCCOMISH 38 TALLO	17 BILLINGSLEY  18 RAPHAGE  11) WILLIAMS  10 SINOVICH  83 KANTROVITE  83 HALECOKAMP  19 HALECOKAMP
HOME TE	SHOTS ON	GOAL AW	AY TEAM

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HOME TEAM SCORING AWAY TEAM												PLAYER NO. PENALTIES									
PER	PP/SH	TIME	GOAL	ASSIST	ASSIST	PER	PP/SH	TIME	GOAL	ASSIST	ASSIST	PERIOD	HOME		MIN.	OFFENSE	START	EXPIRED	G/NG		
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		*	S. A.						Antono			3	10		2	Hook	201	0	NG		
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201 Comments:

1. Jackson Print: Revised 08/2317 3rd Copy: Home Captain 4th Copy: Away Captain 2nd Copy: Local Administration 5th Copy: Game Supervisor

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Playoff Gm

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Scorekeeper: Mark your name clearly to ensure proper credit.

Make Sure The Teams & Score are Correct

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AWAY HOME	#	_	Nan	Pt Vc	74	EGA AG	ad (	<u>S_</u>	AM	I N	1 Ø 5		2 1	<i>y</i>	3 <u>1</u> P	3	#	/	4	ina 2		A T	ren ime	a: Ga	ادر ** 8 ame	45 Sur Lom I	Perv Nam	AM isor		- 瓦 -
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# PLAYOFF OVERTIME SHOOTOUT FORM

Shooter names and order must be provided by the team captains prior to the game. Completed Playoff Shootout form should be faxed or emailed to HNA with the regular game score sheets. Problems? Call the Supervisor Hotline: 314-699-4HNA (4462).

Game Supervis	sor: Jon Solo.	mon		Cit	y: <u>ST</u>	·Lou	15	<del></del>
	-18 Game Time: _	8:45	pm	Rin	k: <u>W</u>	EBST	ER	
	HOME TEAM		<i>i</i>	ROUND	_		TOTAL	W/L
TEAM NAME: VB	YAGERS SHOOTER NAME	1	2	3	4	5		
				RESUL1				
A: <u>77</u>	Symbos Jones							
в: <u>ББ</u> _	JONES							100 mm
c: <u>10</u> _	MOESENTHIN						165 165	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
D: <u>24</u>	HENDERSON					1 = GO/	AL.	9
Е: <u>Ы</u>	MAHONEY			1900 1911 1912		0 = NO	GOAL	
	AWAY TEAM	-		ROUND			TOTAL	W/L
TEAM 12	ENEGADES	1	2	3	4	5		
NAME: C	SHOOTER NAME			RESULT				
	J. MARCO			100				
	KRAUS							
	TALLO			100				
	FELDT		100 A			1 = G0/	ΔL	
	KEUNE					0 = NO		
			1				222	
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