



OFFICIAL SCORESHEET

Send Completed Sheet To:
Hockey North America/ADP
45570 Shagpat 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 Clin

AFTER THE GAME: Please be sure to note City, Team, and First Score and return the completed game sheet the following morning. Fax the completed scoresheet to HNA's fax line (for scorers only): Fax (888) HNA-SKOR or by Email: ahh@earthlink.net. This sheet must be returned to the league office to receive credit to your player account.
Scorers: Mark your name clearly to ensure proper credit.
Make Sure The Teams & Score are Correct

Team Name		1	2	3	OT	Final
HOME	FROSTBITZ	0	1	1	0	2
AWAY	WHALES	2	0	0	1	3

Date: 22 April 2019
 Arena: ICE Zone
 Time: 10:00 AM (PM)
 Game Supervisor:
 Patrice Doye

HOME TEAM

#	Name	#	Name
30(G)	KELLEY	37	PARAKA
3	STAMP	38	AMEGG
4	BROHCCAMP	41	SIGBERT
2	LICARONE	51	KACHARFEK
6	HOPKINS	61	MILNIG WOFFLE
7	JAWORSKESKY	69	WILD
13	TORREFIELD	70	HUTTMAN
5	SOLIKETER	72	HARLETT
17	RIBAUDO	91	TREYK DOL
27	ULLA	92	SPRIZMAR

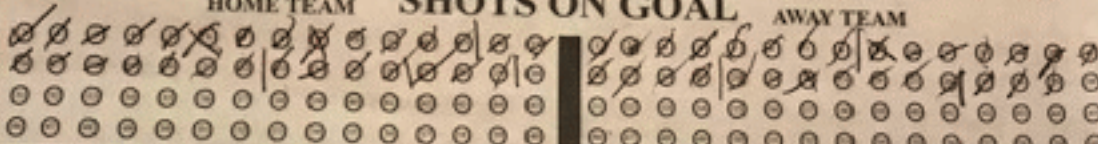
AWAY TEAM

#	Name	#	Name
68(G)	FOX	11	BAUER
2	WATTS	14	BLESICK
3	GUY	18	SCARFONE
4	MARON DOL	21	BLUESONE
5	KAMAY	29	KOZUPPY
6	VARIAN	83	ERANO
7	NEMOUL	87	TAYLOR
8	WIGGS	70	STOLBE
9	SMITH		
13	M. DONOHUE		

HOME TEAM

SHOTS ON GOAL

AWAY TEAM



Shot Totals Per. 1: 13 Per. 2: 9 Per. 3: 13 Total: 35

Shot Totals Per. 1: 5 Per. 2: 11 Per. 3: 7 Total: 23

HOME TEAM				SCORING				AWAY TEAM				PENALTIES							
PER	PPSH	TIME	GOAL	ASSIST	ASSIST	PER	PPSH	TIME	GOAL	ASSIST	ASSIST	PERIOD	HOME	AWAY	MIN	OFFENSE	START	EXPIRED	GENO
1		10:00	7	41		2		14:49	5	17									
2		5:55	15	41	37	3		12:29	14	5	2								

Comments:

Official: *[Signature]* Print: *Handwritten* 2: *[Signature]* Print: *EMack* 3: *[Signature]* Print: *[Signature]*

1st Copy: League Office 2nd Copy: Local Administration 3rd Copy: Money Captain 4th Copy: Assn Captain 5th Copy: Game Supervisor



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 Supervisor: Patricia Dreyer

City: St Louis

Date: 22 April 2019 Game Time: 10:00pm

Rink: ICE BASE

HOME TEAM		ROUND					TOTAL	W / L
TEAM NAME:		1	2	3	4	5		
TEAM NAME:	<u>WHALEYS</u>							
ORDER #	SHOOTER NAME	RESULT						
A:	<u>44 Brounkrup</u>	<u>0</u>						
B:	<u>496 SEELEMAN</u>	<u>0</u>						
C:	<u>474 RIBAUD</u>	<u>0</u>						
D:	<u>441 LIGONIER</u>	<u>0</u>						
E:	<u>485 Postenfeld</u>	<u>1</u>						

1 = GOAL
0 = NO GOAL

AWAY TEAM		ROUND					TOTAL	W / L
TEAM NAME:		1	2	3	4	5		
TEAM NAME:	<u>FROSTBITE</u>							
ORDER #	SHOOTER NAME	RESULT						
A:	<u>2 WATTS</u>	<u>0</u>						
B:	<u>24 Bluestone</u>	<u>0</u>						
C:	<u>5 GERRY</u>	<u>0</u>						
D:	<u>14 BAZZ</u>	<u>0</u>						
E:	<u>3 GUY</u>	<u>0</u>						

1 = GOAL
0 = NO GOAL

NOTES: _____

