



# OFFICIAL SCORESHEET

Send Completed Sheet To:  
 Hockey North America/AHP  
 45570 Shepard Drive #3  
 Sterling, VA USA 20154  
 Tel: (703) 430-8100  
 Fax: (888) HNA-5KOR

Level of Play/Game Type  
 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 (for worksheets only). Fax (888) HNA-5KOR or by Email: ahp@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.  
**Make Sure All Points & Scores are Correct!**

Team Name	1	2	3	OT	Total
Bullets	2	4	4	-	10
ICE FRODOGS	3	-	-	-	3

Date: 2-4-2020  
 Arena: ST PETERS NORTH  
 Time: 7:15 AM (PM)  
 Game Supervisor:  
 Schulte (Sunday)

## HOME TEAM

- # Name
- 31 (G) FETTER
- 4 Arakhambeaux
- 7 Bunnell
- 8 Riley
- 10 DeNorscia
- 11 Komarima
- 22 DAVID
- 23 CASTAGNO
- 27 HUSEMAN
- 28 GOODMAN

- # Name
- 32 HAUBER
- 37 MEWLE
- 44 SCHMIT
- 66 PAULSTICH
- 70 FERRE
- 82 BAINES
- 89 BOTH

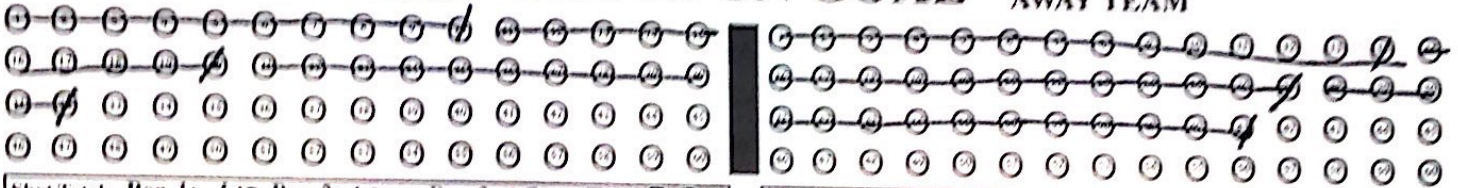
## AWAY TEAM

- # Name
- 37 (G) KERNS
- 16 Conchran
- 25 Edmondson
- 14 Callahan
- 26 KERRISS
- 27 Lucas
- 99 JAMES
- 17 MORRIS
- 89 RADER
- 24 Gnat
- 18 Potter Gray
- 74 Theriano
- 84 Purum
- 86 KISTEN
- 19 Wolf
- 6 Strick

## HOME TEAM

## SHOTS ON GOAL

## AWAY TEAM



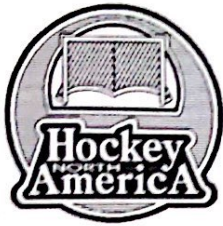
Shot Totals Per. 1: 10 Per. 2: 10 Per. 3: 12 Total: 32  
 Shot Totals Per. 1: 14 Per. 2: 13 Per. 3: 14 Total: 41

HOME TEAM					SCORING					AWAY TEAM					PENALTIES				
PER	PP/SH	TIME	GOAL	ASSIST	ASSIST	PER	PP/SH	TIME	GOAL	ASSIST	ASSIST	PERIOD	HOME	AWAY	MIN	OFFENSE	START	EXPIRED	WING
1		10:36	4	22	27	1		2:37	27	26		1	29	2	2	INTERFERENCE	707	606	G
1	PP	6:06	22	27	-	1		5:57	99	18	29	2	73	2	2	Roughing	1230	1030	-
1		2:30	44	-	-	2		14:23	99	17	-	2	89	2	2	Roughing	1230	1020	-
						2	PP	7:05	99	17	-	2	33	2	2	INTERFERENCE	707	705	G
						2		6:08	26	-	-	2	29	2	2	High	211	11	16
						2		4:42	14	26	-	2	25	2	2	SLASHING	13:9	1012	-
						3		11:22	99	18	-	2	44	2	2	SLASHING	13:9	1312	-
						3	PP	8:07	18	-	-	3	73	2	2	Roughing	895	807	G
						3	PP	4:42	17	29	-	3	73	2	2	Highstick	345	607	-
						3		12:27	24			3	89	2	2	Roughing	845	-	-
												3	81	10	10	Miscellaneous	445	-	-
												3	6	10	10	Miscellaneous	845	-	-
												3	23	2	2	SLASHING	582	392	16
												3	4	2	2	Unsportsmanlike	602	443	G
												3	17			Cross Check	412	212	-
												3	66			Cross Check	412	212	-

Comments:

Officials: 1. [Signature] Print: KALIN 2. [Signature] Print: B. Bunchko 12. Print: [Blank]  
 Top Copy: League Office 2nd Copy: Local Administration 3rd Copy: Home Captain 4th Copy: Away Captain 5th Copy: Game Supervisor





# OFFICIAL SCORESHEET

Send Completed Sheet To: **Level of Play/Game Type**  
 Hockey North America/AIHF [ ] Intermediate  
 45570 Shepard Drive #3 [ ] Beginner  
 Sterling, VA USA 20164 [ ] Tournament  
 Tel: (703) 430-8100 [ ] Reg Season  
 Fax: (888) HNA-SKOR [ ] 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*). Fax (888) HNA-SKOR or by Email: [aihf@earthlink.net](mailto: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.  
**Make Sure The Teams & Score are Correct**

Team Name		1	2	3	OT	Final
A W A Y						
H O M E						

Date: \_\_\_\_\_  
 Arena: \_\_\_\_\_  
 Time: \_\_\_\_\_ AM / PM  
 Game Supervisor: \_\_\_\_\_

## HOME TEAM

## AWAY TEAM

#	Name	#	Name	#	Name	#	Name
(G)	_____	(G)	_____				
_____		_____		_____		_____	
_____		_____		_____		_____	
_____		_____		_____		_____	
_____		_____		_____		_____	
_____		_____		_____		_____	

SHEET 2

## HOME TEAM SHOTS ON GOAL AWAY TEAM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45
46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60

Shot Totals Per. 1: Per. 2: Per. 3: Total: Shot Totals Per. 1: Per. 2: Per. 3: Total:

HOME TEAM				SCORING				AWAY TEAM				PENALTIES							
PER	PP/SH	TIME	GOAL	ASSIST	ASSIST	PER	PP/SH	TIME	GOAL	ASSIST	ASSIST	PERIOD	HOME	AWAY	MIN.	OFFENSE	START	EXPIRED	G/NG
												3	4	2	2	INTERFERENCE	326		
												3		19	2	Body Check	215		

Comments: \_\_\_\_\_

**Officials**  
 1. \_\_\_\_\_ Print: \_\_\_\_\_ 2. \_\_\_\_\_ Print: \_\_\_\_\_ 3. \_\_\_\_\_ Print: \_\_\_\_\_

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

Revised 08/23/17