Officials

1. RELANIO

Top Copy: League Office

Print: AllaMahm

2nd Copy: Local Administration

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 Fax: (888) HNA-SKOR

[] 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 (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.

Scorekeeper: Mark your name clearly to ensure proper credit.

Make Sure The Teams & Score are Correct

Team Name	1 2 3	OT Final	Date: 1/21 18
mastodons.	1 1 8	8 2	Arena: TU() - AM PM
E Caerbannas	101) 3	Game Supervisor:
HOME TEAM		AW	AY TEAM
# Name #	Name	# Name	# Name
35(G) MCNell 4 S.	il bezt	77 Barber	21 SMHO
Ha Brown 33 I	Luhl.	35 BROA be	CK 18 Wolf-Smith
H Janokacek		14 DoJulia	
13 Banchi 13		73 Faulking	K /13
5 Gallwis 13		7 Heabel 10 Sezewic	2
77 Rosenberg		18 Kosinsk	
HOME TEAM	SHOTS ON	GOAL AV	VAY TEAM
SSSSSSS OF	6,868 B.		8 8 8 8 8 8 8 8 8
8 8 8 8 9 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	୭ (ଡ ଡ ଡ ଡ ⁰ ଡ ⁰	0 0 0 0	0 0 0 0 0 0 0 0
0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0	0 0,0,0	0 0 0 0 0 0 0 0 0
6) (4) (4) (9) (5) (3) (3) (4) (5) (5) Shot Totals Per. 1: \(\frac{1}{2}\)\)\)\)\)\)\)\)\ \Per. 2: \(\frac{1}{2}\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	5 3 Total: 2 0 Shot	① ③ ② ⑤ ⑤ Totals Per. 1: Per.	(9) (9) (9) (9) (9) (9) (9) (9) (9) (9)
HOME TEAM SCORING	AWAY TEAM		PENALTIES
PER PP/SH TIME GOAL ASSIST ASSIST PER PP/SH	TIME GOAL ASSIST ASSIST	PERIOD HOME AWAY MIN.	OFFINSE START EXPIRED GING
3 233 77 28 2	325 7 77 88	2 46 2	HOUR 404 NG
4 417 17 77 44			
3 - 410 Timeout			
Comments:			

3rd Cory: Home Captain

75/78 Print: STEWE CE 6563.

4th Copy: Away Captain

Print:

5th Copy: Game Supervisor