

OFFICIAL SCORESHEET

Send Completed Sheet To: Level of Play/Game Type
Hockey North America/AIHF [] Intermediate 45570 Shepard Drive #3

Comments: ximout (Home) Ird @ 5:06

[] Beginner

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.

Am	ckey	X	Te	terling, el: (703 ax: (888		[] Tournament [] Reg Season [] Playoff Gm					Scorekeeper: Mark your name clearly to ensure proper credit. Make Sure The Teams & Score are Correct															
Team Name A Crusades CCCH CCCH								$ \begin{array}{c c} 1 & 2 \\ \emptyset & 2 \\ \hline \emptyset & 1 \end{array} $			3 2 3)	Final 4			Date: 2/19/23 Arena: Baron's Time: 10:15 AM/PM Game Supervisor:								
# Name # OD (G) Fondran Q JUS 13 Townsend 15 Grush														R - S - S	chi ons sall net	me NIK Ooney itter and acle high	<u> </u>	VAY TEAM # Name								
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Shot Totals Per. 1: 1 Per. 2: Per. 3: HOME TEAM SCORING PER PP/SH TIME GOAL ASSIST ASSIST PER PP/S								AWAY TEAM					Total		PLAYI	ER NO. AWAY	MIN.	PENALTIES						· ×	G/NG	
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Officials Print: 2. Print: Print: 2nd Copy: Local Administration 3rd Copy: Home Captain 4th Copy: Away Captain 5th Copy: Game Supervisor Top Copy: League Office