



Send Completed Sheet To:
 Hockey North America/AIHF
 45570 Shepard 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 Gm

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.

Make Sure The Teams & Score are Correct

Team Name		1	2	3	OT	Final
AWAY	Reneades	1	0	1	\	2
HOME	Shamrocks	3	2	1	\	6

Date: 3/15/23
 Arena: Rocky River
 Time: 4:00 AM/PM
 Game Supervisor: Sam Kieger

HOME TEAM

AWAY TEAM

#	Name	#	Name	#	Name	#	Name
32 (G)		68		3 (G)		29	
9		13		9		55	
8		91		12		76	
19		27		13			
20				14			
21				17			
22				19			
23				21			
24				24			

HOME TEAM

SHOTS ON GOAL

AWAY TEAM

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Shot Totals Per. 1: 13 Per. 2: 12 Per. 3: 7 Total: 32

Shot Totals Per. 1: 12 Per. 2: 11 Per. 3: 16 Total: 39

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
1	\	12:10	9	68	\	1	\	11:45	19	\	\	2	74	\	2	SLASH	13:40	11:00	NG
1	\	10:32	53	6	\	3	\	12:47	12	3	1	2	74	\	2	Rough	2:54	1:59	NG
1	\	10:05	85	6	53							2	86	\	2	Rough	2:58	1:51	NG
2	\	9:22	53	85	\														
2	\	10:09	22	13	\														
3	\	10:24	89	13	32														

Comments:

Officials
 1. [Signature] Print: _____ 2. [Signature] Print: _____ 3. _____ Print: _____
 Top Copy: League Office 2nd Copy: Local Administration 3rd Copy: Home Captain 4th Copy: Away Captain 5th Copy: Game Supervisor
 LEAGUE OFFICE Revised 08/2317