0000				
		THE COAR	IE. Please be sure to note	City, Teams, and Final
Send Completed Shee Hockey North America/ 45570 Shepard Drive #3 Sterling, VA USA 20164 Tel: (703) 430-8100 Fax: (888) HNA-SKOR	AIHF [V] Intermediate [] Beginner	Score and return the Fax the completed so Fax (888) HNA-S Take a picture of the pleted sheet must be Scorekeeper: Mar	completed game sheet the coresheet to HNA's fax likOR or by Email: game sheet with your phereturned to the League k your name clearly to eare The Teams & Score	ne (scoresheets only). aihf@earthlink.net. none & email it! Com- Office receive credit. ensure proper credit.
Team Name	1 2	3 OT Final	Arena: K	
& Glaciers	2 1	1 A	Time: 9:3 Game	Supervisor:
HOME TEAM			AWAY TEAN	1
$0^{\#}_{(G)}$ Name $0^{\#}_{(G)}$	Name	# Name		Name
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27		9		
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HOME TEAM SHOTS ON GOAL AWAY TEAM				
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HOME TEAM SCORING	AWAY TEAM	PLAYER NO. ASSIST PERIOD HOME AWAY	PENALTIES MIN. OFFENSE	START EXPIRED G/NG
PER PP/SH TIME GOAL ASSIST ASSIST PER P	10:00 7 14	30 1 19	2 trip	11:17 7.19 NG
7 132844 00				
3,020,94				
Comments				
Officials				
1. Print: 2. Print: 3. Phint: Ton Conv. League Office 2nd Conv. Local Administration 3rd Conv. Home Captain 4th Conv. Away Captain 2th Conv. Games Samuel Revised				
LEAGUE OFFICE				