



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: aihfa@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 | SNAPPERHEADS | 0 | 1 | 0 | - | 1 |
| H O M E | MUSTANGS | 0 | 0 | 2 | - | 2 |

Date: JAN 8/2023
 Arena: Rockville #2
 Time: 10:30 AM (PM)
 Game Supervisor: Jeff Smith

HOME TEAM

AWAY TEAM

| # | Name | # | Name |
|--------|-------------|----|-----------|
| 52 (G) | CASTILLO | 96 | WILKINSON |
| 11 | HARRIS (A) | 10 | BETTERMAN |
| 34 | PHILAN | | |
| 3 | FREEDMAN | | |
| 16 | WEELS | | |
| 18 | KADESCH | | |
| 19 | DOUKMETZIAN | | |
| 7 | TOR | | |
| 13 | BELL (C) | | |
| 00 | MEYER | | |

| # | Name | # | Name |
|--------|-----------|----|------------|
| 70 (G) | GLAZER | 26 | O'SICK, J. |
| 3 | CHURILLA | 77 | ELIAS |
| 15 | BLACK | 22 | HERMAN |
| 20 | KEATING | 6 | O'SICK, M. |
| 92 | ZUPPA | 95 | AGHAMOLLA |
| 17 | LACEY | 96 | PALACIOS |
| 11 | BOWDEN | | |
| 2 | BATCHELOR | | |
| 14 | CASSEL | | |
| 10 | ROSCOW | | |

| HOME TEAM SHOTS ON GOAL | | | | | | | | | | AWAY TEAM SHOTS ON GOAL | | | | | | | | | |
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Shot Totals Per. 1: 4 Per. 2: 7 Per. 3: 11 Total: 22 Shot Totals Per. 1: 4 Per. 2: 3 Per. 3: 3 Total: 10

| HOME TEAM SCORING | | | | | AWAY TEAM SCORING | | | | | PENALTIES | | | | | | | |
|-------------------|-------|-------|------|--------|-------------------|-------|------|------|--------|-----------|------|------|------|--------------|-------|---------|-----|
| PER | PP/SH | TIME | GOAL | ASSIST | PER | PP/SH | TIME | GOAL | ASSIST | PERIOD | HOME | AWAY | MIN. | OFFENSE | START | EXPIRED | G/G |
| 3 | | 13:56 | 18 | 11 | 2 | | 6:30 | 92 | 15 | 1 | | | 2 | TOO MANY MEN | 12:19 | 10:19 | NG |
| 3 | | 8:37 | 11 | 16 | | | | | | 3 | | 26 | 2 | BODYCHECKING | 5:38 | 3:38 | NG |

Comments: _____

Officials: Joe Shea 2. PAIS 3. _____ 4. _____
 Print: _____ Print: _____
 Top Copy: League Office 2nd Copy: Local Administration 3rd Copy: Home Captain 4th Copy: Away Captain 5th Copy: Game Supervisor