

OFFICIAL SCORESHEET

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 o	f Play/Game Type
	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. 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

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Team Name A PANTHEUS H VOLFIACIC	1 2 3 8 8 8	OT Final	Date: 10/11/22 Arena: 12/3		
M VOLFPACIC	2 / 3	6 6	Game Supervisor:		
# HOME TEAM	The second second	AW	VAY TEAM		
(G) B4 TPA	Name	# Name	# Name		
91 6 F	ats k	G) PAOSTELL			
y witner 17		92 HAMOD 1 Ly WTC			
16 ANDERSO! 17 6	INDEG	44 CLASTISKE			
16 ANGGRSO1 17 6 26 STEFFES 9 6 36 Thongso1 10 B	OLSMAN	18 ALBSATE			
3 EVANS	00099	10 ASBURY 24 PARMENTES			
21 PBUNDY		14 1602EN			
HOME TEAM SHOTS ON GOAL AWAY TEAM					
HOME TEAM	SHU15 ON	GOAL AV	VAY TEAM		
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0 0 0 0 0 0 0 0 0	(4) (6) (4) (4) (6) (6)	9 9 9 9	0 0 0 0 0 0 0 0		
Shot Totals Per. 1: Per. 2: Per. 3	00000	0 0 0 0	8 8 8 8 8 8 8 8		
HOME TEAM SCORING	AWAY TEAM	t Totals Per. 1: Per	Total.		
PER PP/SH TIME GOAL ASSIST ASSIST PER PP/S	H TIME GOAL ASSIST ASSIST	PERIOD HOME AWAY MIN	PENALTIES OFFENSE START EXPIRED G/NG		
1 7/20 26 20			STANT EXPIRED G/NG		
2/7:15 8 10 16					
3/12:54 21 170 5					
3 / 16:29 3 9 76					
3 3:21 44 9 67					
	 				
			X		
Comments:					
Officials Kn l o					
1. M Print: Du Rock 2. to Print: Max Hororow Print:					
Top Copy: League Office 2nd Copy: Local Administration 3rd Copy: Home Captain 4th Copy: Away Captain 5th Copy: Game Supervisor					