



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: 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 ASAP	1	1	2	0	4
HOME Angry Ducks	2	2	0	0	4

Date: DISC A
 Arena: 11/12/12
 Time: 9:30 AM / PM
 Game Supervisor:
TOM CASARUS

HOME TEAM

#	Name
90 (G)	FORN
13	SPENCER
65	PERIN
10	HODGE
91	HODGE
20	BREK
92	PERIN
16	ZELINSKE

AWAY TEAM

#	Name
39 (G)	PERIN
7	BAUER
35	STANKE
34	LEDOUR
57	RATEZ
8	WELCH
12	BURROWS
3	CULLUM
28	ZEIN
10	STAY

SHOTS ON GOAL

HOME TEAM	AWAY TEAM
<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 <input checked="" type="checkbox"/> 11 <input checked="" type="checkbox"/> 12 <input checked="" type="checkbox"/> 13 <input checked="" type="checkbox"/> 14 <input checked="" type="checkbox"/> 15 <input checked="" type="checkbox"/> 16 <input checked="" type="checkbox"/> 17 <input checked="" type="checkbox"/> 18 <input checked="" type="checkbox"/> 19 <input checked="" type="checkbox"/> 20 <input checked="" type="checkbox"/> 21 <input checked="" type="checkbox"/> 22 <input checked="" type="checkbox"/> 23 <input checked="" type="checkbox"/> 24 <input checked="" type="checkbox"/> 25 <input checked="" type="checkbox"/> 26 <input checked="" type="checkbox"/> 27 <input checked="" type="checkbox"/> 28 <input checked="" type="checkbox"/> 29 <input checked="" type="checkbox"/> 30 <input checked="" type="checkbox"/> 31 <input checked="" type="checkbox"/> 32 <input checked="" type="checkbox"/> 33 <input checked="" type="checkbox"/> 34 <input checked="" type="checkbox"/> 35 <input checked="" type="checkbox"/> 36 <input checked="" type="checkbox"/> 37 <input checked="" type="checkbox"/> 38 <input checked="" type="checkbox"/> 39 <input checked="" type="checkbox"/> 40 <input checked="" type="checkbox"/> 41 <input checked="" type="checkbox"/> 42 <input checked="" type="checkbox"/> 43 <input checked="" type="checkbox"/> 44 <input checked="" type="checkbox"/> 45 <input checked="" type="checkbox"/> 46 <input checked="" type="checkbox"/> 47 <input checked="" type="checkbox"/> 48 <input checked="" type="checkbox"/> 49 <input checked="" type="checkbox"/> 50 <input checked="" type="checkbox"/> 51 <input checked="" type="checkbox"/> 52 <input checked="" type="checkbox"/> 53 <input checked="" type="checkbox"/> 54 <input checked="" type="checkbox"/> 55 <input checked="" type="checkbox"/> 56 <input checked="" type="checkbox"/> 57 <input checked="" type="checkbox"/> 58 <input checked="" type="checkbox"/> 59 <input checked="" type="checkbox"/> 60	<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 <input checked="" type="checkbox"/> 11 <input checked="" type="checkbox"/> 12 <input checked="" type="checkbox"/> 13 <input checked="" type="checkbox"/> 14 <input checked="" type="checkbox"/> 15 <input checked="" type="checkbox"/> 16 <input checked="" type="checkbox"/> 17 <input checked="" type="checkbox"/> 18 <input checked="" type="checkbox"/> 19 <input checked="" type="checkbox"/> 20 <input checked="" type="checkbox"/> 21 <input checked="" type="checkbox"/> 22 <input checked="" type="checkbox"/> 23 <input checked="" type="checkbox"/> 24 <input checked="" type="checkbox"/> 25 <input checked="" type="checkbox"/> 26 <input checked="" type="checkbox"/> 27 <input checked="" type="checkbox"/> 28 <input checked="" type="checkbox"/> 29 <input checked="" type="checkbox"/> 30 <input checked="" type="checkbox"/> 31 <input checked="" type="checkbox"/> 32 <input checked="" type="checkbox"/> 33 <input checked="" type="checkbox"/> 34 <input checked="" type="checkbox"/> 35 <input checked="" type="checkbox"/> 36 <input checked="" type="checkbox"/> 37 <input checked="" type="checkbox"/> 38 <input checked="" type="checkbox"/> 39 <input checked="" type="checkbox"/> 40 <input checked="" type="checkbox"/> 41 <input checked="" type="checkbox"/> 42 <input checked="" type="checkbox"/> 43 <input checked="" type="checkbox"/> 44 <input checked="" type="checkbox"/> 45 <input checked="" type="checkbox"/> 46 <input checked="" type="checkbox"/> 47 <input checked="" type="checkbox"/> 48 <input checked="" type="checkbox"/> 49 <input checked="" type="checkbox"/> 50 <input checked="" type="checkbox"/> 51 <input checked="" type="checkbox"/> 52 <input checked="" type="checkbox"/> 53 <input checked="" type="checkbox"/> 54 <input checked="" type="checkbox"/> 55 <input checked="" type="checkbox"/> 56 <input checked="" type="checkbox"/> 57 <input checked="" type="checkbox"/> 58 <input checked="" type="checkbox"/> 59 <input checked="" type="checkbox"/> 60

Shot Totals Per. 1: Per. 2: Per. 3: Total:

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HOME TEAM					SCORING					AWAY TEAM					PLAYER NO.			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	/	5:12	20	10	92	1	/	3:48	35	88	7	2	/	3	2	TRIP	4:32	5:32	M	
1	/	3:14	20	13	10	2	/	8:19	4	/	/	3	/	35	2	HOOK	7:18	5:18	M	
2	/	7:42	20	16	13	3	/	17:06	12	7	/									
2	/	6:10	20	13	/	3	/	4:34	35	7	88									

Comments: TO ASAP 1:03 TO AD 5:00 OT

Officials
 1. Bill Z... Print: Bill Z...
 2. Russ F... Print: Russ F...
 3. _____ Print: _____

Top Copy: League Office 2nd Copy: Local Administration 3rd Copy: Home Captain 4th Copy: Away Captain 5th Copy: Game Supervisor