



USA HOCKEY OFFICIAL SCORESHEET

HOME

Theater

VISITOR

TIER I TIER II GIRLS/WOMEN HIGH SCHOOL HOUSE/REC. ADULT

HOME

Warriors

Fake 4-7-2010 USA HOCKEY VISITOR

TEAM NAME

TEAM NAME

DATE: 4/7/2010 GAME NO. 1 DIVISION: C

TIMES: Start End Curfew

ARENA: Centre Ice Rink SURFACE:

POS.	NO.	PLAYERS
W	24	KASHIF Chowdhry
D	39	Seamus Moody
D	63	Brian Garnsey
D	10	AARON CRAMPTON
C	30	WILLIAM LANEY
W	12	Saunders Christopher
D	8	Frechhoff Christopher
C	17	Alan Kovitz
C	9	ERIC KOVITZ
W	26	MATT BURKHOLSER
C	19	Gregory
F	11	Alex Lyle
	3	Mike DeMange
	68	LISA WILSON

NO.	PER.	CLOCK TIME	G	ASSIST	TYPE
1	1	7:53	17	9	
2	2	10:17	68	-	
3	3	7:23	68	-	

PRINTED NAMES

Official Scorer: *Brandon Klein*

Referee Signature: *3*

Official (R or L): _____ Level: _____

Official (R or L): _____ Level: _____

Official (R or L): _____ Level: _____

OFFICIALS' NOTE: All on-ice officials must make a brief written statement of all Game Misconduct and Match Penalties on the back side of the top copy of this scoresheet.

SCORING BY PERIODS

	1	2	3	OT	TOTAL
HOME					
VISITOR					

NO.	PER.	CLOCK TIME	G	ASSIST	TYPE
1	1	9:06	6	15	
2	1	7:15	4	22/15	
3	1	6:20	15	-	
4	1	2:53	22	-	
5	2	11:45	15	-	
6	2	1:58	87	4	
7	3	9:23	6	15	
8	3	4:13	6	13/87	

POS.	NO.	PLAYERS
	19	JEFF STOUT
	86	C. KERR
	4	C. MUKODA
	13	Cash Thompson
	44	Monica kokoszka
	77	David kokoszka
	52	JASON WALTER
	6	Stephen King
	3	Tom Croft
	22	Ryan Mayo
	15	Chris Stout

TEAM OFFICIALS

HEAD COACH: Brian Garnsey

HEAD COACH (sign): *[Signature]*

CEP LEVEL: _____ CEP NO.: _____ YEAR: _____

COACH: _____

CEP LEVEL: _____ CEP NO.: _____ YEAR: _____

COACH: _____

CEP LEVEL: _____ CEP NO.: _____ YEAR: _____

COACH: _____

CEP LEVEL: _____ CEP NO.: _____ YEAR: _____

PENALTIES

PER.	NO.	OFFENSE	MIN.	OFF	START	ON
1	68	hooking				
2	11	slashing	2			
2	11	high stick	2			
2	63	high stick	2			
3	8	slash	2			
3	68	hooking	2			

PENALTIES

PER.	NO.	OFFENSE	MIN.	OFF	START	ON
2	44	hooking	2			
2	80	check	2			
3	27	high stick				
3	19	Roughing	2			

TEAM OFFICIALS

HEAD COACH: *[Signature]*

HEAD COACH (sign): *[Signature]*

CEP LEVEL: _____ CEP NO.: _____ YEAR: _____

COACH: _____

CEP LEVEL: _____ CEP NO.: _____ YEAR: _____

COACH: _____

CEP LEVEL: _____ CEP NO.: _____ YEAR: _____

COACH: _____

CEP LEVEL: _____ CEP NO.: _____ YEAR: _____

GOALKEEPING

JERSEY NO.	SHOTS					SAVES					MIN. PLAYED
	1	2	3	OT	TOTAL	1	2	3	OT	TOTAL	
30	6	5	2	1	13	2	3	0	1	5	45
TOTALS											

GOALKEEPING

JERSEY NO.	SHOTS					SAVES					MIN. PLAYED
	1	2	3	OT	TOTAL	1	2	3	OT	TOTAL	
TOTALS											