



USA HOCKEY OFFICIAL SCORESHEET



HOME Cherry Poppers VISITOR TIER I TIER II GIRLS/WOMEN HIGH SCHOOL HOUSE/REC. ADULT HOME IHB VISITOR

TEAM NAME

POS.	NO.	PLAYERS
	1	Mike Landry
	14	Eric Bottos Eric Bottos
	27	Steven Borchers
	24	Tyler Adams
	9	Devin Davis
	25	Jeff Dennison
	26	Chad Ossiginac
	21	Anna Ostergaard
	23	Jim Ramsdell
	8	Mark Rhodes
	28	Aaron Tastad

SCORING						
NO.	PER.	TIME	G	ASSIST	TYPE	
1	1	7:10	9	26, 21		
2	2	5:10	28			
3	2	4:20	28	14		
4	3	11:20	21			
5						
6						
7						(4)
8						
9						
10						
11						
12						
13						
14						
15						
16						

DATE: 08/10/16 GAME NO. _____ DIVISION: B-

TIMES: Start _____ End _____ Curfew _____

ARENA: _____ SURFACE: _____

PRINTED NAMES

Official Scorer: J. Wilson Referee Signature: _____

Official (R or L): STU SASIWA Level: _____

Official (R or L): W. Wilson 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					
VISITORS					

SCORING						
NO.	PER.	TIME	G	ASSIST	TYPE	
1						
2	2	17:01	14			
3	2	2:01	77	0		
4						
5						(3)
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

POS.	NO.	PLAYERS
G	19	G. West
	19	N. DAVIS
	77	J. Pisinger
	15	C. OSBORN
	13	Brian Dyck
	37	David Asner
	0	Shandler Williams
	66	J. Kadinger
	33	CARPENTER
	68	Art Cain
	31	Brandon J.
	69	D. WIRSCHEL
	88	Chris Wise

4

PENALTIES

PER.	NO.	OFFENSE	MIN.	OFF	START	ON
2	14	trucking	3:00	10:30		

(1)

PENALTIES

PER.	NO.	OFFENSE	MIN.	OFF	START	ON
3	66	Tripping	3:00			scored

(1)

TEAM OFFICIALS

HEAD COACH: _____

HEAD COACH: (sign) _____

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

COACH: _____

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

COACH: _____

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

COACH: _____

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

TEAM OFFICIALS

HEAD COACH: _____

HEAD COACH: (sign) _____

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	
	13	12	11	36		13	10	11			
TOTALS											

GOALKEEPING

JERSEY NO.	SHOTS					SAVES					MIN. PLAYED
	1	2	3	OT	TOTAL	1	2	3	OT	TOTAL	
	4	12	3	19		3	0	2			
TOTALS											