

Date 1/12/17 Day of week Thursday Time 7:30 PM Age Group _____ Boys - Girls - Men - Women

Home Team The Replacements Color _____

Away Team All Day Color _____

Gym Fort Hill Activity Center Gym A League Men's Basketball 18+

Referee: _____ (Sign) _____ Umpire: _____ (Sign) _____

Home: The Replacements																												Away: All Day																											
Id #		Players Full Name										Fouls	1st Half Points										2nd Half Points										Total																						
		Ghevel Bumside										123456																																											
		Justin Carloss										3	123456																																										
		Kevin Coleman										20	123456																																										
		James Georgeff										2	123456																																										
		Kevin Georgeff										13	123456																																										
		Joseph Hydell										14	123456																																										
		Ron Warren										38	123456																																										
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Id #		Coach's Name																																																					
		Kevin Lash																																																					
Team Fouls Per Half														1 2 3 4 5 6 7 8 9 10														1 2 3 4 5 6 7 8 9 10														Score													
Time outs: Adults & Teens 4 full, youth 5:3 full/2 20s																																																							
01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26																																																							
27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52																																																							
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105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130																																																							
Scorekeeper's evaluation, incidents or comments.																																																							
Referee: Good, Fair, Bad Umpire: Good, Fair, Bad																																																							
Scorekeeper's instructions: Complete legible.																																																							
1. Scorekeeper/Staff in charge of officials. 2. Check IDS. No ID. No Play, No ID. No Coach 3. Add ID # of Players and Coaches on Scoresheet. 4. T.F.1- Shots pr player with no # or different colour shirt. Max 5. 5. Evaluate officials.																																																							
Ball possession: H A H A H A H A H A H A H A H A H A																																																							