



DAWSON
RECREATION

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

Home: Giardina Team													Away: Jones Team																																										
Id #		Players Full Name										#	Fouls		1st Half Points					2nd Half Points					Total			Id #		Players Full Name										#	Fouls		1st Half Points					2nd Half Points					Total		
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Id #		Coach's Name																										Id #		Coach's Name																									
		Warren Giardina																												BJ Jones																									
																												Final																									Final		
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			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																										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					
53		54		55		56		57		58		59		60		61		62		63		64		65		66		67		68		69		70		71		72		73		74		75		76		77		78					
79		80		81		82		83		84		85		86		87		88		89		90		91		92		93		94		95		96		97		98		99		100		101		102		103		104					
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 Referee: 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 coloar 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 H A																																																							