

Valley League Basketball

TEAM: Cox LOCATION: BGC Lebanon #2

LEAGUE: Lebanon 1st/2nd Grade Date/Time: 12/10/24 7:15 PM

1	2	3	4	5	6	7	8	9	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																			
X	Players First/Last Name						#	FOULS					1st Qtr Points					2nd Qtr Points					3rd Qtr Points					4th Qtr Points					TOTAL										
								1 2 3 4 5																																			
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								1Q			2Q			3Q			4Q						1Q			2Q			3Q			FINAL											
TIME OUTS (record when time out was called)																				Team Points																							

COMMENTS: _____

Referee 1: _____

Referee 2: _____

Gym Supervisor: _____

Concessions: _____

Gym Supervisor 2: _____

Valley League Basketball

TEAM: Swanson LOCATION: BGC Lebanon #2

LEAGUE: Lebanon 1st/2nd Grade Date/Time: 12/10/24 7:15 PM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25																									
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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																									
X	Players First/Last Name						#	FOULS					1st Qtr Points					2nd Qtr Points					3rd Qtr Points					4th Qtr Points					TOTAL																
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								1Q				2Q				3Q				4Q								1Q				2Q				3Q				FINAL									
TIME OUTS (record when time out was called)																								Team Points																									

COMMENTS: _____

Referee 1: _____ Referee 2: _____

Gym Supervisor: _____ Concessions: _____

Gym Supervisor 2: _____