

Date 8/21/25 Day of week Thursday Time 9:40 PM Age Group _____ Boys - Girls - Men - Women



Home Team [4] IHOB
Listed First - _____
Team _____

Color _____

Away Team [5] Bricklayers (Martinez)
Listed _____
Second - _____
Team _____

Color _____

Gym Pioneer Gym League B2 League

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

Home Team Listed First - : [4] IHOB																											Away Team Listed Second -: [5] Bricklayers (Martinez)																															
Id #			Players Full Name												#	Fouls	1st Half Points					2nd Half Points					Total	Id #			Players Full Name												#	Fouls	1st Half Points					2nd Half Points					Total			
			Jack Duffer													123456																												123456														
			Luke Duffer													123456																												123456														
			Seamus Graham													123456																												123456														
			Sam Keeley													123456																												123456														
			Kevin Off													123456																												123456														
			Sean Richards													123456																												123456														
			Austin Schmidt													123456																												123456														
			Charlie Schmidt													123456																												123456														
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Id #			Coach's Name																												Id #			Coach's Name																								
			Kevin Off																															Joseph Martinez																								

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