

Valley League Basketball

TEAM: Demi Stutzman LMT - Denu LOCATION: BGCSH - E

LEAGUE: 1st-2nd - Sweet Home Date/Time: 12/8/25 5:00 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													
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TEAM FOULS												1 2 3 4 5					1 2 3 4 5					1 2 3 4 5					1 2 3 4 5																			
								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: Burke Logging - Pearce LOCATION: BGCSH - E

LEAGUE: 1st-2nd - Sweet Home Date/Time: 12/8/25 5:00 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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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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TEAM FOULS												1 2 3 4 5					1 2 3 4 5					1 2 3 4 5					1 2 3 4 5																
							1Q		2Q		3Q		4Q							1Q		2Q		3Q		FINAL																	
TIME OUTS (record when time out was called)															Team Points																												

COMMENTS: _____

Referee 1: _____

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Gym Supervisor: _____

Concessions: _____

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