Valley League Basketball

TEAM: Beach **LOCATION:** **BGC Lebanon #2**

LEAGUE: 1st-2nd - Lebanon **Date/Time:** **12/18/25 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
			1 2 3 4 5					
			1 2 3 4 5					
			1 2 3 4 5					
			1 2 3 4 5					
			1 2 3 4 5					
			1 2 3 4 5					
			1 2 3 4 5					
			1 2 3 4 5					
			1 2 3 4 5					
			1 2 3 4 5					
			1 2 3 4 5					
			1 2 3 4 5					
			1 2 3 4 5					
			1 2 3 4 5					
			1 2 3 4 5					
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: _____

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TEAM: Lemmon **LOCATION:** **BGC Lebanon #2**

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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
			1 2 3 4 5					
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			1 2 3 4 5					
			1 2 3 4 5					
			1 2 3 4 5					
			1 2 3 4 5					
			1 2 3 4 5					
			1 2 3 4 5					
			1 2 3 4 5					
			1 2 3 4 5					
			1 2 3 4 5					
			1 2 3 4 5					
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: _____