Date 3/1/26 Day of week Sunday Time _____ Age Group _____ Boys - Girls - Men - Women

Home Team Mid From Range Color _____

Away Team Bye Color _____

Gym _____ League Recreational

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

**Home:** Mid From Range

| Id # | Players Full Name | # | Fouls | 1st Half Points | 2nd Half Points | Total |
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| Id # | **Coach's Name** | | | | | |
| | Reagan Saunders | | | | | |
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| | | | | | | 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 |
| Time outs: Adults & Teens 4 full, youth 5:3 full/2 20s | | | | | | |

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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

**Away:** Bye

| Id # | Players Full Name | # | Fouls | 1st Half Points | 2nd Half Points | Total |
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| Id # | **Coach's Name** | | | | | |
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| | | | | | | 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 |
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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
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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 Umpire: 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