

Date 7/23/26 Day of week Thursday Time 7:10 PM Age Group _____ Boys - Girls - Men - Women



Home Team Bulldogs Color _____
Listed First - _____
Team _____

Away Team Team 0 Color _____
Listed _____
Second - _____
Team _____

Gym Pioneer Gym League B2 League

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

Home Team Listed First - : Bulldogs																											Away Team Listed Second -: Team 0																												
Id #			Players Full Name												#	Fouls	1st Half Points					2nd Half Points					Total	Id #			Players Full Name												#	Fouls	1st Half Points					2nd Half Points					Total
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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 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