Date 5/16/19 Day of week Thursday Time 7:30 PM Age Group _____ Boys - Girls - Men - Women

Home Team Crazy Legs Color _____

Away Team Dregs Color _____

Gym Pioneer Gym League Men's B1

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

Home: Crazy Legs

Id #	Players Full Name	#	Fouls	1st Half Points	2nd Half Points	Total
			123456			
			123456			
			123456			
			123456			
			123456			
			123456			
			123456			
			123456			
			123456			
			123456			
			123456			
			123456			
			123456			
			123456			
			123456			
Id #	**Coach's Name**					
	Andrew Erickson					
						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

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
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: Dregs

Id #	Players Full Name	#	Fouls	1st Half Points	2nd Half Points	Total
			123456			
			123456			
			123456			
			123456			
			123456			
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			123456			
			123456			
			123456			
Id #	**Coach's Name**					
	Adam Perkins					
						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

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
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

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