

Date 3/28/20 Day of week Saturday Time 8:00 AM Age Group _____ Boys - Girls - Men - Women



Home Team Celtics 5--6-7 Color _____

Away Team Bulls 5-6-7 Color _____

Gym Missouri City Rec Center Ct 1 A League Ages 5-6-7

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

Home: Celtics 5--6-7													Away: Bulls 5-6-7																																																						
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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Id #	COACHES' NAME:																								Id #	COACHES' NAME:																																									
Team Fouls Per Half													1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10	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	Final
Time outs: Adults & Teens 4 full, youth 5:3 full/2 20s													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	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	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	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	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	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 Referee: Good, Fair, Bad Scorekeeper's instructions: Complete legible.																																																						
													<ol style="list-style-type: none"> Scorekeeper/Staff in charge of officials. Check IDS. No ID. No Play, No ID. No Coach Add ID # of Players and Coaches on Scoresheet. T.F.1- Shots pr player with no # or different colour shirt. Max 5. Evaluate officials. 																																																						
Ball possession: H A H A H A H A H A H A H A H A H A																																																																			