

Please record the start time and end time of the game according to the rink clock.

Start time: 7:05 End time: 8:05

GAME PLAYED AT: ACC LEVEL: Squirt C DATE: _____

No.	Pos.	No.	Pos.
3	Logan	10	Andy
4	Mason	11	Jacob
5	Caden	12	
6	Carter	13	
7	Joseph	14	
10	Jaxon	15	Cole
11	Luke	16	Jack
12	Bryce	17	
13	Andrew	18	
14	Blake	19	
16	James	20	
17	Tim	21	Carter
		22	Aaron
		1	Calvin

No.	Pos.	No.	Pos.
10	Andy	10	Andy
11	Jacob	11	Jacob
12		12	
13		13	
14		14	
15	Cole	15	Cole
16	Jack	16	Jack
17		17	
18		18	
19		19	
20		20	
21	Carter	21	Carter
22	Aaron	22	Aaron
1	Calvin	1	Calvin

Labels will be provided by both teams

Record where a player shoots on net. Circle if they scored a goal.

Transfer saves & goals from each period to the boxes below and total at the end of the game.

MINNESOTA HOCKEY SHEET

GOALIE: Andover, Hometown

SHOTS ON GOAL SAVED AND SCORED

DATE: _____

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

SCORING						PENALTIES						Home	Away	
Per.	Time	Team	Goal	Assist(s)	PP/SH	Per.	Team	No.	Offense	Min.	Time In	Time Out	F. Play Min.	F. Play Min.
1	6:36	And	4	5,6		1	A	6	Slashing				2-	
1	4:02	And	7	-		3	H	16	Hooking					2-
1	9:13	Homet	12	13,14										
1	1:06	And	18	14	SH									

This information will be provided by the officials.

If a team exceeds more than 10 minutes in penalties they will not receive their fair play point.

Acceptable Coach/Fan Behavior? (no ejections)	Fair Play Point Earned?	Total Fair Play Minutes	2-	2-
Home (Yes) (No) Away (Yes) (No)	Home (Yes) (No) Away (Yes) (No)	Max. FP Minutes for this level	10-	

Saves	1st Per.	2nd Per.	3rd Per.	O.T.	Total
Home Andover	6	3	4		13
Visitor Hometown	3	5	4		12

Scoring	1st Per.	2nd Per.	3rd Per.	O.T.	Total
Home Andover	3	1	2		6
Visitor Hometown	1	2	1		4

Scorer: _____ Signature of score keeper

Officials: _____ Both Officials will initial or sign

Remarks: _____

HOME TEAM HEAD COACH (print) _____ (sign) _____ Coaches Signature		VISITING TEAM HEAD COACH (print) _____ (sign) _____	
CEP # _____	CEP LEVEL _____	YEAR ATTAINED _____	
ASS'T CC _____	Andover		
CEP # _____	Kevin (H C) #XXXXXX Level 3-12/13		
ASS'T CC _____	Mark (A C) #XXXXXX Level 4-12/**	:D _____	
CEP # _____	John (A C) #XXXXXX Level 1-12/13		
ASS'T CC _____	Bob (A C) #XXXXXX Level 2-12/11	:D _____	
CEP # _____	Denise (M) XXX-XXX-XXXX		
MANAGER (print) _____			
PHONE (_____) _____			