STARS HOCKEY OFFICIAL SCORESHEET

HOME _____ VISITOR ❑ TIER I ❑ TIER II ❑ GIRLS/WOMEN ❑ HIGH SCHOOL ❑ HOUSE/REC. ❑ ADULT HOME _____ VISITOR

TEAM NAME TEAM NAME

POS.	NO.	PLAYERS

SCORING

NO.	PER.	CLOCK TIME	G	ASSIST	TYPE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

DATE: ___/___/___ GAME NO. _____ DIVISION: _____

TIMES: Start _____ End _____ Curfew _____

ARENA: _____ SURFACE: _____

PRINTED NAMES

Official Scorer	Referee Signature
Official (R or L)	Level
Official (R or L)	Level
Official (R or L)	Level

OFFICIALS' NOTE: *All on-ice officials must make a brief written statement of all Game Misconduct and Match Penalties on the back side of the top copy of this scoresheet.*

SCORING BY PERIODS

	1	2	3	OT	TOTAL
HOME					
VISITOR					

PENALTIES

PER.	NO.	OFFENSE	MIN.	OFF	START	ON
15						

PENALTIES

PER.	NO.	OFFENSE	MIN.	OFF	START	ON
15						

TEAM OFFICIALS

HEAD COACH:

HEAD COACH: *(sign)*

CEP LEVEL: CEP NO.: YEAR:

COACH:

CEP LEVEL: CEP NO.: YEAR:

COACH:

CEP LEVEL: CEP NO.: YEAR:

COACH:

CEP LEVEL: CEP NO.: YEAR:

GOALKEEPING

JERSEY NO.	SHOTS 1	2	3	OT	TOTAL	SAVES 1	2	3	OT	TOTAL	MIN. PLAYED
TOTALS											

SCORING

NO.	PER.	CLOCK TIME	G	ASSIST	TYPE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

POS.	NO.	PLAYERS

TEAM OFFICIALS

HEAD COACH:

HEAD COACH: *(sign)*

CEP LEVEL: CEP NO.: YEAR:

COACH:

CEP LEVEL: CEP NO.: YEAR:

COACH:

CEP LEVEL: CEP NO.: YEAR:

COACH:

CEP LEVEL: CEP NO.: YEAR:

GOALKEEPING

JERSEY NO.	SHOTS 1	2	3	OT	TOTAL	SAVES 1	2	3	OT	TOTAL	MIN. PLAYED
TOTALS											

DISTRIBUTION: WHITE – League Offices; YELLOW – Home Team; PINK – Visiting Team; GOLD – Referee

GOAL TYPES: EV – Even Strength; PP – Power Play; SH – Shorthanded; EN – Empty Net; EA – Extra Attacker; PS – Penalty Shot