OFFICIAL GAME REPORT

Please print or type

Timekeeper: ____________________
Scorekeeper: ____________________
Shot Clock Operator: ____________________

Game #:	Division:	Tourn/League:	Time Started:
Date:	Level: AA A B C	Location:	Time Ended:

VISITING TEAM: ____________________ Colour: ____________________ Trim: ____________________

BENCH STAFF: Please Sign.	Head Coach:	Asst. Coach:
Asst. Coach:	Manager:	Trainer:

PLAYERS		GOALS				PENALTIES								
#	Name	Goal	Asst.	Asst.	Time	No.*	Served By	Min.	Pnlty. Code#	Time Off	Time start	Time finish	Time on

GAME SUMMARY 1st	2nd	OT 1	OT 2	OT 3	TOTAL

Time Out(s) Used
Period: Time:
OT: Time:

PENALTY CODES: *TS - use this abbreviation if penalty assessed to a Team Staff

1 Boarding - 2:00
2 Body Contact - 2:00
3 Charging - 2:00
4 Cross Checking - 2:00
5 Delay of Game - 2:00
6 Elbowing - 2:00
7 High Sticking - 2:00
8 Holding - 2:00
9 Hooking - 2:00
10 Illegal Substitution - 2:00
11 Interference - 2:00
12 Slashing - 2:00
13 Tripping - 2:00

Fully Served Penalties

14 Unsportsmanlike Conduct - 2:00
15 Misconduct (expulsion) - 2:00
16 Major Penalty - 4:00
17 Rough Play - 4:00
18 Match Penalty (expulsion) - 4:00
19 Penalty Shot

Please note: Penalties that are washed out by a goal are still recorded and count toward a participants accumulated penalty time.

HOME TEAM: ____________________ Colour: ____________________ Trim: ____________________

BENCH STAFF: Please Sign.	Head Coach:	Asst. Coach:
Asst. Coach:	Manager:	Trainer:

PLAYERS		GOALS				PENALTIES								
#	Name	Goal	Asst.	Asst.	Time	No.*	Served By	Min.	Pnlty. Code#	Time Off	Time start	Time finish	Time on

GAME SUMMARY 1st	2nd	OT 1	OT 2	OT 3	TOTAL

Time Out(s) Used
Period: Time:
OT: Time:

Summary of Referee Report ____________________

On-Ice Officials (please print)

1: ____________________ # __________

2: ____________________ # __________

White Copy - League * Canary - Home * Pink - Visitor