Alberta Lacrosse Association

Date: GAME DATE DD/MM/YYYY

Location: ARENA NAME

Level: AGE GROUP (10U,12U,14U ETC)

Game # GAME # FOUND ON SALA SCHEDULE ########

Visitors/Color: TEAM / JERSEY COLOUR

	#	Players Names	G	A	PIM
G	#	GOALIE 1			
G	#	GOALIE 2 (LEAVE BLANK IF NONE)			
	#	LIST PLAYERS IN			
	#	NUMERICAL ORDER			
	#	FIRST NAME LAST NAME			
C	#	CAPTAIN MARKED			
A	#	ASSISTANTS MARKED			
OA	#	OVERAGE MARKED			
AP	#	AFFILIATE PLAYER MARKED			
			TOTALS DONE AT END OF GAME		
		Bench Penalties			
		Game Totals			
			Susp		
			Susp		

GOALS

Pr	Time	Goal	Asst	Asst
#	Period			
	#:##	Score clock Time		
		# scorer		
		1st assist #		
			2nd assist #	
	(put line if no assist)			--

PENALTIES

Pr	#	Min	Reason	Off	Start	On
#	Period					
	#	Player number				
		#	number of penalty minutes			(2 or 5)
			XXX penalty code (use chart)			
Time player gets to box #:##						
			Time play restarts	#:##		
			Time player returns to floor	#:##		

Coach: Print Coach name signature: Signature (before game)

Coach: signature:

Coach: signature:

Coach/Trainer: cert number:

Goalie Saves

		#	1	2	3	OT
Time Outs						

Home/Color: EXAMPLE / PURPLE

	#	Players Names	G	A	PIM
G	00	JIMMY DOE			
G					
	~~5~~	~~TIM SCOTT~~ absent			
	7	SUE SMITH			
A	15	JOE HENDERSON			
	17	SAM ORANGE			
A	22	JANE DOE			
OA	23	FRANK SAMPSON			
AP	36	JUSTIN GREY			
	39	LISA BLACK			
C	50	TRAVIS GREEN			
		Bench Penalties			2
		Game Totals	3	1	17
			Susp		
			Susp		

GOALS

Pr	Time	Goal	Asst	Asst
1	10:23	39	23	-
2	9:45	50	-	-
3	12:37	36	7	50

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PENALTIES

Pr	#	Min	Reason	Off	Start	On
1	22	2	SL	8:23	8:23	6:23
2	22	2	TR	6:56	6:56	5:45(G)
2	22	2	HO	5:10	5:10	3:10
3	17	5	CFB	12:45	12:45	7:45
3	22	2	TR	11:45	11:25	9:25
3	BM	2	TMM	9:50	9:30	7:30
3	22	2	TR EXP 5TH	8:40	7:55	5:55

(*G*- Mark if player left early when goal scored during penalty)

(On 5th penalty by same player notify refs. player will be ejected and another player will serve penalty)

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TOTALS DONE AT END OF GAME

Coach: John Doe signature: *John Doe*

Coach: Tim Smith signature: *Tim Smith*

Coach: signature:

Coach/Trainer: cert number:

Goalie Saves

		#	1	2	3	OT
		00	15	12	10	n/a
Time Outs						

Start Time: 11:30 am **End Time:** 12:36 pm

Timekeeper: Score clock persons name

Scorekeeper: Score sheet persons name

Phone # Score sheet persons ph number

Referee 1: Level _____ Print name Signature

Referee 2: Level _____ Print name Signature

Enter the starting goalie 1st, alternate goalie 2nd, the rest of the team in NUMERICAL order