

AYL 2009-2010 BASKETBALL LEAGUE SCORE SHEET

GAME NO. :

DATE: _____ TIME: _____
GRADE: _____ DIVISION: _____ GROUP: _____
GYM/SCHOOL NAME : _____

TEAM#1: _____ TEAM#2: _____
COACH : _____ COACH : _____

EQUAL PLAY TRACKING FOR 2ND, 3TH AND 4TH GRADES ONLY:

This section **MUST** be reviewed and signed by both coaches.
Use Equal Play Chart for tracking if needed.

I have tracked equal play of the opposing team (Please circle YES or NO): YES NO

TEAM#1: _____ COACH SIGNATURE: _____

I have tracked equal play of the opposing team (Please circle YES or NO): YES NO

TEAM#2: _____ COACH SIGNATURE: _____

FINAL SCORE: (Please circle the team that has won the game)

TEAM#1: _____ TEAM#2: _____

SIGNATURE: _____ SIGNATURE: _____

SCORE: _____ SCORE: _____

Comments regarding referees, player injuries, ejections or protests must be e-mailed to
aylhoops@comcast.net within 48 hours of your game.

THIS SECTION IS FOR REFEREES ONLY

Official's Comments: _____

Head Referee Name (Print): _____ SIGNATURE _____

2nd Referee Name (Print): _____ SIGNATURE _____

**HEAD REFEREE MUST FAX THIS COMPLETED FORM TO JACK SAMPSON
WITHIN 24 HOURS OF GAME DATE/TIME. FAX NO. 303-699-5668**