NORTHERN CALIFORNIA JUNIOR LACROSSE ASSOCIATION

(BOYS)

1.																																
HOME	TIME																															GOAL TOTAL
	GOAL/ASSIST																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
VISITOR	TIME																															GOAL TOTAL
	GOAL/ASSIST																															

SCOREKEEPING INSTRUCTIONS

GAME DAY INFORMATION

Fill in date, location & team names.

1. HOME & VISITOR SCORES

Respective team scores are kept here. TIME box: Enter time in period in which goal is scored. GOAL/ASSIST box: First box is for number of player who scored the goal. Second box is for the number of player who assisted on the goal.

2. PLAYERS' NAMES

Enter each players' #, first initial & last name. Only those players listed can enter the game. The first player listed should be the "In home".

3. PERIODS 1-4 & OT

Place a mark in the appropriate period for each goal scored.

4. ASSISTS

Any one direct pass by a player to a teammate who then scores a goal without having to dodge or evade an opponent is recorded as an assist. There can be only one assist per goal. Coach should inform scorekeeper of all assists.

5. PENALTIES

Per. = Period in which foul occurs.
No. = The number of the offending player.
OFFENSE = An official will tell you the foul.
Min. = The length of the penalty.
Time = Time in period the foul occured.

6. TOTAL SAVES

A save is recorded any time a ball is stopped or deflected by the goalie in such a manner that had it not been touched it would have entered the goal.

7. TIMEOUTS

Each team has two timeouts per half, & one per OT period. Record the game time and period when a timeout is called.

8. SIDELINE MANAGER

Each team (home and away) shall provide a readily identifiable sideline manager whose duty shall be to control the actions of spectators not in conformity with the standards of proper conduct.

REFEREES & COACHES SIGNATURES

Before the game, print the name of each scorekeeper, timekeeper, head coach and game official where indicated. After the game, secure Referee's signature to certify the score.

HOME (Team Name) _____

POS	2. NO	PLAYER'S NAME	3. PERIODS 1	2	3	4	O/T	O/T	4. ASSIST
ATTACK									
1st MID									
2nd MID									
3rd MID									
DEFENSE									
G									
		TOTAL GOALS							
		TOTAL SAVES 6.							
		COACH (PRINT)							

5. PENALTIES PER.	NO.	OFFENSE	MIN	TIME