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Date _____/_____/_____ Category_____ Game Number: _____

Visiting Team _____

Color(s): _____

| Fouls | | | | | | |
|---|---|---|---|---|---|---|
| 1st Quarter | 1 | 2 | 3 | 4 | **5** | Total |
| 2nd Quarter | 1 | 2 | 3 | 4 | **5** | |
| 3rd Quarter | 1 | 2 | 3 | 4 | **5** | |
| 4th Quarter | 1 | 2 | 3 | 4 | **5** | |

Staff Member(print)_____

Signature_____

| | Names | No | Fouls | 1st Quarter | 2nd Quarter | Total | 3rd Quarter | 4th Quarter | Total | Total |
|---|---|---|---|---|---|---|---|---|---|---|
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Coach:_____

Assistant:_____

Time Outs: 1 2 3 4 5

Total

Total

Grand Total

| | | | | | | | | | |