

WCLA Scoresheet			Team Name: _____					Ref Signature: _____					
vs. _____		at _____		Date: _____		Time: _____		Scorekeeper: _____			Ref Signature: _____		
Player	No.	Shots	FP SOG	Assists	Goals	Draw Control (Taken / Won)	Ground Balls	Caused Turnovers	Turnover	Foul (Y/R)	No.		
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Goalie:	Min:	Shots:		Goals Ag:		Good Clears:			Offsides (Offense)				
Wide:	Saves:								Offsides (Defense)				
Goalie:	Min:	Shots:		Goals Ag:		Broken Clears:			Free Positions				
Wide:	Saves:								Attempted				
GOALS FOR OUR TEAM:			GOALS AGAINST OUR TEAM:										