

NYSA YOUTH BASKETBALL LEAGUE SCORE SHEET

YOUR COACHES NAME: _____	YOUR TEAM COLOR: _____	DATE OF GAME: ___/___/___	GAME TIME: _____
OPPONENTS TEAM NAME: _____	OPPONENTS TEAM COLOR: _____	GAME SITE: _____	
Check Appropriate Line: Home	Visitor	Your Final Score	Opponents Final Score

*****FILL OUT ENTIRE BOX*****

Age Division: Under-_____

Each team is permitted three full minute and two 30 sec time outs per game.

FILL
OUT
COMPLETELY

*****THIS SCORE SHEET MUST BE LEFT IN THE BOX AT THE SCORE TABLE*****

PLAYER(S)	NO.	FOULS <small>(X OUT)</small>	1ST HALF POINTS		2ND HALF POINTS		Overtime	QUARTERS PLAYED									
			1st Quarter	2nd Quarter	3rd Quarter	4th Quarter		1		2		3		4		OT	
								1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	
		1 2 3 4 5															
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		1 2 3 4 5															

X out the number when each point is scored

YOUR TEAM
(required)

SCORE 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 31 32 33 34 35 36 37 38 39 40 41
 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61
 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81
 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

OPPONENTS TEAM
(optional)

SCORE 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 31 32 33 34 35 36 37 38 39 40 41
 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61
 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81
 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

YOUR TEAM	(1st Half)	1 2
TIME OUTS	(2nd Half)	1 2
YOUR TEAM	(1st Half)	1 2 3 4 5 6 7
FOULS	(2nd Half)	1 2 3 4 5 6 7
YOUR TEAM	(1st Half)	1
WARNINGS (ALL AGES)	(2nd Half)	1

OPPONENTS TEAM	(1st Half)	1 2
TIME OUTS	(2nd Half)	1 2
OPPONENTS TEAM	(1st Half)	1 2 3 4 5 6 7
FOULS	(2nd Half)	1 2 3 4 5 6 7
OPPONENTS TEAM	(1st Half)	1
WARNINGS (ALL AGES)	(2nd Half)	1