

Goalball Score Sheet - Overtime and Extra Throws

Date	Time	Game #	Pool	M / F	Venue
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Coin toss Winner: _____ Throw / Defend Loser: _____ Left / Right

TEAM A _____

Goal	Time-Out	Substitution	Medical T-O	Medical Substitution
No	Time	Out In Time	No Time	Out In Time
1	1 2	1 2	1 2	1 2

TEAM B _____

Goal	Time-Out	Substitution	Medical T-O	Medical Substitution
No	Time	Out In Time	No Time	Out In Time
1	1 2	1 2	1 2	1 2

Overtime final score TEAM A TEAM B

EXTRA THROWS

Coin Toss Winner: _____

TEAM A _____

TEAM B _____

EXTRA THROWS - SUDDEN DEATH

Coin Toss Winner: _____

TEAM A _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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TEAM B _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FINAL GAME SCORE TEAM A TEAM B

Final score needs to be copied to the Game Information sheet with signatures