

# Goalball Score Sheet - Overtime and Extra Throws

Date	Time	Game #	Playoff	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: \_\_\_\_\_ Throw / Defend

**TEAM A** \_\_\_\_\_

**TEAM B** \_\_\_\_\_

## EXTRA THROWS - SUDDEN DEATH

**Coin Toss** Winner: \_\_\_\_\_ Throw / Defend

**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"/>
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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"/>
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**FINAL GAME SCORE** TEAM A  TEAM B

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