



FEDERATION INTERNATIONALE DE BASKETBALL
INTERNATIONAL BASKETBALL FEDERATION
FIBA 3X3 SCORESHEET



Team A _____ Team B _____

Competition _____		Date _____		Referees #1 _____	
Category _____				#2 _____	
Game No. _____		Time _____		Court _____	

Team A		Running score				
Time out <input type="checkbox"/>	Team fouls					
	1	2	3	4	5	6
	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10+					
	Players		No.		Unsportsmanlike	
					1	2

	A	B		A	B
	1	1		13	13
	2	2		14	14
	3	3		15	15
	4	4		16	16
	5	5		17	17
	6	6		18	18
	7	7		19	19
	8	8		20	20
	9	9		21	21
	10	10		22	22
	11	11		23	23
	12	12			

Team B		Running score				
Time out <input type="checkbox"/>	Team fouls					
	1	2	3	4	5	6
	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10+					
	Players		No.		Unsportsmanlike	
					1	2

	A	B		A	B
	1	1		13	13
	2	2		14	14
	3	3		15	15
	4	4		16	16
	5	5		17	17
	6	6		18	18
	7	7		19	19
	8	8		20	20
	9	9		21	21
	10	10		22	22
	11	11		23	23
	12	12			

Score (after Regular time)		A	_____	B	_____
Score (after Overtime)		A	_____	B	_____
Referee's Signature _____					
Scorer _____					
Timer _____					
Shot Clock Operator _____					

Game protest requested: <input type="checkbox"/> Yes	
Team's Name: _____	
_____ (Player's signature)	



FEDERATION INTERNATIONALE DE BASKETBALL
INTERNATIONAL BASKETBALL FEDERATION
FIBA 3X3 SCORESHEET



Team A _____ Team B _____

Competition _____		Date _____		Referees #1 _____	
Category _____				#2 _____	
Game No. _____		Time _____		Court _____	

Team A		Running score				
Time out <input type="checkbox"/>	Team fouls					
	1	2	3	4	5	6
	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10+					
	Players		No.		Unsportsmanlike	
					1	2

	A	B		A	B
	1	1		13	13
	2	2		14	14
	3	3		15	15
	4	4		16	16
	5	5		17	17
	6	6		18	18
	7	7		19	19
	8	8		20	20
	9	9		21	21
	10	10		22	22
	11	11		23	23
	12	12			

Team B		Running score				
Time out <input type="checkbox"/>	Team fouls					
	1	2	3	4	5	6
	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10+					
	Players		No.		Unsportsmanlike	
					1	2

	A	B		A	B
	1	1		13	13
	2	2		14	14
	3	3		15	15
	4	4		16	16
	5	5		17	17
	6	6		18	18
	7	7		19	19
	8	8		20	20
	9	9		21	21
	10	10		22	22
	11	11		23	23
	12	12			

Score (after Regular time)		A	_____	B	_____
Score (after Overtime)		A	_____	B	_____
Referee's Signature _____					
Scorer _____					
Timer _____					
Shot Clock Operator _____					

Game protest requested: <input type="checkbox"/> Yes	
Team's Name: _____	
_____ (Player's signature)	