

Umpire Name _____

Phone _____

Date & Time	Field#	<input type="checkbox"/> Plate <input type="checkbox"/> Field
Home Team#	Coach's Signature	
Visitor Team#	Coach's Signature	
Final Score	-	Winning Team#

Date & Time	Field#	<input type="checkbox"/> Plate <input type="checkbox"/> Field
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Visitor Team#	Coach's Signature	
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Visitor Team#	Coach's Signature	
Final Score	-	Winning Team#

FOR TREASURER'S USE ONLY

Total Plate Games _____ **Total Field Games** _____

Check # _____ **Amount Paid** _____