

Umpire Name \_\_\_\_\_

Phone \_\_\_\_\_

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

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Final Score	-	Winning Team#

**FOR TREASURER'S USE ONLY**

**Total Plate Games** \_\_\_\_\_ **Total Field Games** \_\_\_\_\_

**Check #** \_\_\_\_\_ **Amount Paid** \_\_\_\_\_