



DATE: _____ GAME TIME: _____
 DIVISION: 8U 10U 12U 14U HS (CIRCLE ONE)

FIELD #: _____

TEAM #	VISITING TEAM	RUNS

TEAM #	HOME TEAM	RUNS

PITCHERS NAME	OUTS

PITCHERS NAME	OUTS

 VISITING MANAGER'S SIGNATURE:
 UMPIRE RATING: 1 2 3 4 5 (CIRCLE)
 1 = WORST 5 = BEST
 COMMENTS:

 HOME MANAGER'S SIGNATURE:
 UMPIRE RATING: 1 2 3 4 5 (CIRCLE)
 1 = WORST 5 = BEST
 COMMENTS:

Managers agree above score and pitching outs are correct. **No changes to pitching outs or score will be made after official scoresheet is turned into the league.** All information above, becomes the permanent record for pitching and final score.
Email to: scorekeeper@cgsasoftball.org



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