

New Berlin Athletic Association



Game Report Sheet

Date _____ League _____ Division _____ Field _____

Plate Umpire _____
(print name clearly) (signature)

Base Umpire _____
(print name clearly) (signature)

Visiting Team		Home Team	
#	Name:	#	Name:
Coach		Coach	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	
6.		6.	
7.		7.	
8.		8.	
9.		9.	
10.		10.	
11.		11.	
12.		12.	
13.		13.	
14.		14.	
15.		15.	
16.		16.	

	1	2	3	4	5	6	7	8	9	R	H	E
Visitors												
Home												

Winning team must send game report to league coordinator within 24 hours of completion of game.
 Failure to do so will result in a loss for both teams.