

DOCUMENTATION REQUIRED FOR SUSPENDED GAMES

DATE: _____ **FIELD :** _____ **DIVISION:** _____

TEAM LINE UPS

HOME TEAM

- NAME:** _____
1. _____

 2. _____

 3. _____

 4. _____

 5. _____

 6. _____

 7. _____

 8. _____

 9. _____

 10. _____

 11. _____

 12. _____

VISITING TEAM

- NAME:** _____
1. _____

 2. _____

 3. _____

 4. _____

 5. _____

 6. _____

 7. _____

 8. _____

 9. _____

 10. _____

 11. _____

 12. _____

SCORE: HOME _____

VISITING _____

INNING WHEN SUSPENDED: _____

TIME REMAINING: _____

TEAM AT BAT: _____

NUMBER OF OUTS: _____

PERSON AT BAT: _____

BALL COUNT: (ENTER A NUMBER) _____

STRIKE COUNT: (ENTER A NUMBER) _____

BASES OCCUPIED (NAMES OR NONE): 1st _____
2nd _____ 3rd _____

SIGNATURES REQUIRED

SCOREKEEPER: _____

HEAD UMPIRE: _____

HOME TEAM COACH: _____

VISITING TEAM COACH: _____

COMMISSIONER (insure completeness of form): _____