

SOUTH CENTRAL CYC BASEBALL/SOFTBALL

Date/Time _____ League # _____

Field _____

Rescheduled from Date (if applicable) _____

Visitors: _____

Manager: _____

Comments: _____

Score:

1st	2nd	3rd	4th	5th	6th	7th	Final

Home: _____

Manager: _____

Comments: _____

Score:

1st	2nd	3rd	4th	5th	6th	7th	Final

Plate Umpire: _____

Field Umpire: _____

Comments: _____

Pre Game Check List

- Collected & reviewed rosters and ID cards
- Reviewed ground rules with both coaches
- Home team lead prayer before game starts

Visitors

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

11 _____

12 _____

13 _____

14 _____

15 _____

16 _____

17 _____

18 _____

Home

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

11 _____

12 _____

13 _____

14 _____

15 _____

16 _____

17 _____

18 _____