



## St. Clair Shores Baseball Softball Association Game Report

*This report MUST be completely filled out.  
Missing Information will result in NO credit for the game.*

_____	_____	_____	vs.	_____
Date	Time	Visitors		Home
_____		_____		_____
Field		Visitor Manager		Home Manager
_____		_____		_____
Division		Visitor Score		Home Score

1. Umpires Names:

2. Start Time:

3. Was the field lined : Yes or No

4. Was field dragged: Yes or No

5. Was grass acceptable height: Yes or No

6. Was garbage can useable: Yes or No

Additional field conditions or comments: (please print)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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