

CLEVELAND, OH | est. 2015

Game Date: _____ Start Time: _____

Umpire:					
Home Team:					
Away Team:					
Reffing Team:					
Number of (Assigned) Refs at Game Start:					
	Away	Home	Time		
Inning 1					
Inning 2					
Inning 3					
Inning 4					
Inning 5					
Captain Signature—Home Team:					
Captain Signature—Away Team:					

Umpire Signature:

Other Notes:

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