

DOCUMENTATION REQUIRED FOR SUSPENDED GAMES

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

TEAM LINE UPS

HOME TEAM

VISITING TEAM

NAME: _____

NAME: _____

1. _____

1. _____

2. _____

2. _____

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10. _____

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11. _____

12. _____

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): _____