



Team Name: _____

Division: _____

Date: _____

Head Coach/Manager: _____

We Are (Check One): _____ HOME
 _____ VISITORS

Field: _____

Playing Against: _____

***Auditing purposes:** This information needs to be affixed to your Team's official scorebook. A copy should be provided to the team you are playing against. Questions can be directed to your Division Manager or the League President. (Double A Division have a 10th player in the outfield)*

INNINGS: IDENTIFY DEFENSIVE POSITION PLAYED FOR EACH PLAYER EVERY INNING (BY NUMBER OR ABBREVIATION - ENTER "OUT" OR "X" WHEN PLAYER IS ON BENCH/NOT IN A DEFENSIVE POSITION ON THE FIELD)

Player Name (LAST, First) Batting Order	Jersey #	1	2	3	4	5	6	7
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

Home Team Scorekeeper(s) _____

Copy of Assigned Game Positions: Yes _____ No _____

Visiting Team's Scorekeeper _____

Copy of Assigned Game Positions: Yes _____ No _____