



## Metro Intermediate Baseball League

### Game Report

Date: \_\_\_\_\_ Home: \_\_\_\_\_ Visitor: \_\_\_\_\_

Field: \_\_\_\_\_ Game Duration: \_\_\_\_\_

Umpires: \_\_\_\_\_

Please circle 'yes' or 'no' then sign at the bottom of the page.†

#### Home Team

Did the game start on time?	Yes	No
Were the officials in control of the game?	Yes	No

Was the officiating satisfactory?	Yes	No
Did the game proceed without incident(s)?	Yes	No

#### Visiting Team

Did the game start on time?	Yes	No
Were the officials in control of the game?	Yes	No
Was the officiating satisfactory?	Yes	No

Was the field in good condition?	Yes	No
Did the home team perform its duties?	Yes	No
Did the game proceed without incident(s)?	Yes	No

**Details:** Please provide details of any incidents.

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### Visiting Team

Name \_\_\_\_\_

Signature \_\_\_\_\_

### Home Team

Name \_\_\_\_\_

Signature \_\_\_\_\_

† If 'no' is circled you are required to provide details of the problem