

TSP Baseball Game Record

Date: _____ Division: _____ Start Time: _____ Field #: _____

Team Name: _____ Coach Name: _____

Home Visitor Final Score: Home _____ Visitor _____

Please hand this to the umpire after every game, they must submit this to the Equipment Room for tracking.

***4th-6th Baseball - Please track the pitcher and innings on the back.*

	Player's Name	#		1	2	3	4	5	6	7
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										

*****For Official Use Only*****

Scoring for Sportsmanship

	Great				Poor
Team	5	4	3	2	1
Coach	5	4	3	2	1
Fans	5	4	3	2	1

Field Umpire: _____

Plate Umpire: _____

NOTES:

