OAFA GAME SHEET
(To be completes in full by the Home Team coach and given to the Plate Umpire)

1) Please circle	e appropriate	e item below:					
DIVISION:	U5	U8	U10	U14	Juniors+		
2) Please print	clearly belo	w:					
DATE of GAN	ME: (day/mor			<b>GAME #:</b> _		BALL FIELD:	
HOME TEAM	(team co	olour)	SCORE: _		СОАСН: _		PHONE:
VISITING TEA		colour)	SCORE: _		СОАСН: _		PHONE:
PLATE UM	IPIRE:		PH0	ONE:		INITIALS:	
BASE UMP	PIRE :		PHO	ONE:		INITIALS:	
3) The PLATE completed).	-	st deliver this form	n (scanned or co	opied) to the fol	lowing email a	ddress within 3 days	(unless INCIDENT REPORT
				orleansuic@	gmail.com		

Check here ( ) if the INCIDENT REPORT has been completed on the back of this sheet. When checked, the plate umpire must contact the Umpire-in-Chief (or his alternate) immediately upon completion of the game and arrange for the UIC receipt of this report.

## OAFA INCIDENT REPORT

CIDENT TYPE:	Injury Protest	Ejection	Other (specify)	
CIDENT DETAILS				
Describe incident _				
Vitnesses/phone #				
AME DETAILS AT T	IME OF INCIDENT			
TIME:	INNING:	(top/bottom) C	OUTS: SCORE: Home: _	Visitors:
ATTER:		#BALLS	: #STRIKES:	
RUNNERS: 1 <sup>st</sup> :		2 <sup>nd</sup> .	3 <sup>rd</sup> :	