NBGSL GAME SUMMARY

Home Teams must complete this form and both Managers must review and sign, then hand the forms to the league rep immediately after each game.



Plate Ump Rating: $^{\swarrow}$ $^{\swarrow}$ $^{\swarrow}$ $^{\swarrow}$ $^{\swarrow}$

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Box Score	1	2	3	4	5	6	7	Final Score
Visitor								
Home								



Girls Softball		H	Home																	
Visitor Team Name:									F	Home Team	Name:									
Managers signature:										Managers si	gnature:									
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Score Keeper (Print):										Score Keepe	er (Print):									
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*Innings Pitched: for every inning that a player pitches in, place an 'X' in the box for that inning. At the end of the game, count the X's for each pitcher and write the totals in the Total column. Even if a player throws only one pitch in an inning, it is counted as one full inning.

Plate Ump Rating: 🏠 🏠 🏠 🏠 Base Ump Rating: 🏠 🏠 🏠 🛣