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.	Date:

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

Visitor Team Name:

Managers signature:

Score Keeper (Print):

	Innings_Pitched*							
Pitcher Name	1	2	3	4	5	6	7	Total
1.								
2.								
3.								
4.								

Plate Ump Rating: ☆☆☆☆☆ Base Ump Rating: ☆☆☆☆☆

Home Team Name:

Managers signature:

Score Keeper (Print):

Field Prep (Print):

	Innings_Pitched*							
Pitcher Name	1	2	3	4	5	6	7	Total
1.								
2.								
3.								
4.								

Plate Ump Rating: ☆☆☆☆☆ Base Ump Rating: ☆☆☆☆☆

*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.

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