

## OAFA GAME SHEET

(To be completed in full by the Home Team coach and given to the Plate Umpire)

1) Please circle appropriate item below:

**DIVISION:**      Atom              Mite              Squirt              Pee wee/Novice              Bantam              Midget/Junior

**GENDER:**              Boys              Girls

2) Please print clearly below:

**DATE of GAME:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **GAME #:** \_\_\_\_\_ **BALL FIELD:** \_\_\_\_\_  
*(day/month)*

**HOME TEAM:** \_\_\_\_\_ **SCORE:** \_\_\_\_\_ **COACH:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
*(team colour)*

**VISITING TEAM:** \_\_\_\_\_ **SCORE:** \_\_\_\_\_ **COACH:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
*(team colour)*

**PLATE UMPIRE:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **INITIALS:** \_\_\_\_\_

**BASE UMPIRE :** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **INITIALS:** \_\_\_\_\_

3) The PLATE umpire must deliver this form to one of the following addresses within 3 days (unless INCIDENT REPORT completed).

**1420 DUFORD OR 1179 ST. JEROME**

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**

1. INCIDENT TYPE: Injury \_\_\_\_ Protest \_\_\_\_ Ejection \_\_\_\_ Other (specify) \_\_\_\_\_

2. INCIDENT DETAILS

A) Describe incident \_\_\_\_\_  
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B) Witnesses/phone # \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. GAME DETAILS AT TIME OF INCIDENT

TIME: \_\_\_\_\_ INNING: \_\_\_\_\_ (top/bottom)    OUTS: \_\_\_\_\_    SCORE: Home: \_\_\_\_\_ Visitors: \_\_\_\_\_  
BATTER: \_\_\_\_\_    #BALLS: \_\_\_\_\_    #STRIKES: \_\_\_\_\_  
RUNNERS: 1<sup>st</sup>: \_\_\_\_\_    2<sup>nd</sup>: \_\_\_\_\_    3<sup>rd</sup>: \_\_\_\_\_