

Tournament Game Umpires

Date: _____ **Location:** _____

Plate: _____ **League:** _____

First: _____ **League:** _____

Second: _____ **League:** _____

Third: _____ **League:** _____

Please fill out and deliver to the tournament game director as soon as possible before the game.

Also available at: www.valldist10.com/Forms

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