

Twin Hills ASA Softball

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3001 Calle Abajo
San Diego, CA 92139

Mail Address
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San Diego, CA 92149

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(619) 313-3879

EJECTION REPORT

Ejecting Date: ____ / ____ / ____ Ejection Time: _____ Division: _____

Ejected Person: _____ Manager: _____ Team: _____

Position with team: Manager Coach Player: Other: _____

Inning Person ejected: _____ (top or bottom) Score: _____ to _____ Outs: _____

Scorekeeper: _____ Ejecting Umpire: _____

Description of ejection: (please attached any addition sheets)

Ejecting Umpire Signature: _____ Date: ____ / ____ / ____

Submitting Scorekeeper Signature: _____ Date: ____ / ____ / ____

*****DO NOT WRITE BELOW THIS LINE*****

Received by: _____ Date: ____ / ____ / ____

Action taken by league:

Authorizing Signature: _____ Date: ____ / ____ / ____