

Ripken Baseball Tournaments

Post Game Report

MANAGERS: Both teams from each game must hand in this report.
Please complete and verify the entire form before handing in.

Official Start Time: _____ Location: _____

Age: _____ Game Identifier: _____ Date: _____

Pool play/Quarter/Semi/Championship

Line Score	1	2	3	4	5	6	7			Total
Visiting Team										
Home Team										

Pitching Information: *Throwing one pitch in an inning counts as a full inning pitched

Visiting:		Team #
#	Name of pitcher	Innings
Signature of Visiting team Manager		

Home:		Team #
#	Name of pitcher	Innings
Signature of Home team Manager		

Umpire Evaluation: Please circle your response (1 = poor / 3 = average / 5 = excellent)

Home Plate Umpire _____	Attitude: 1 2 3 4 5	Knowledge: 1 2 3 4 5
		Appearance: 1 2 3 4 5
Base Umpire _____	Attitude: 1 2 3 4 5	Knowledge: 1 2 3 4 5
		Appearance: 1 2 3 4 5

General Comments:

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