

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: _____ Date: _____

Official Score

Visiting Team Name	Score

Signature of Visiting team Manager

Home Team Name	Score

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
<i>General Comments:</i>						