

3-131 Sheldon Drive Cambridge, ON, N1R 6S2 (519) 740-3900, Fax: (519) 740-6311 www.baseballontario.com baseball@baseballontario.com

BASEBALL ONTARIO UMPIRE REPORT

1. Umpires Name:		Card No.:
2. Name of offending player/coach:		Team Name:
3. Game Date:	Other Team:	
4. Number and position of above p	layer/coach:	
5. Tournament & Series (ie Oshawa	a - Junior):	
Circumstances and reasons for ejec	tion: (Give detailed description stating	g players involved, inning of occurrence and action taken.)
In your opinion, under the circumst	tances was the conduct of the pla	yer or coach: (check one □)
☐ Routine	☐ Offensive	☐ Very Offensive
Time/Date of this report:		Mailed from:
Name and number of other umpires	s on duty:	
	Umpires Signature:	
Action taken:		