



Fall Ball Game Results

Date: _____ Field No: _____ Div: _____

Scheduled Game Start Time: _____

Visitor Team Name: _____ Score: _____

Home Team Name: _____ Score: _____

Confirmed By Signatures

Visitor Manager

Home Manager

Home team is to complete and return this card to snack bar #2 after each game or you can e-mail to pestrada@san.rr.com or fax it to 858-277-8416



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