GEORGIA HIGH SCHOOL ASSOCIATION
P.O. BOX 271
THOMASTON, GA 30286-2638
Phone: 706-647-7473 / Fax: 706-647-2638

GAME REPORT

Officials Association: **North Metro Umpires**

Game: Visiting Team: _____ vs Home Team: _____

Site: (City) _____ Date: _____

SPORT: ☒ Softball-Fast Pitch

TYPE OF REPORT:

☐ Disqualification/Ejection ☐ Forfeited Game ☐ Other (explain) _____
☐ Serious Injury ☐ Field Conditions

Player of Coach Committing Violation *Example: John Doe*	**Number** *# 30*	**Team** *GHSA H.S.*	**Rule Violation or Infraction** *Unsportsmanlike Conduct (3-3.1)*

Check inning when incident occurred:

☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ Extra Innings ☐ Before Game ☐ After Game

Give brief factual narratives of violation without any editorial comments:

Official Making Report: _____ **Date:** _____

_____ **Date Forwarded to GHSA:** _____

(Signed – Secretary of Association)