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INCIDENT/EJECTION REPORT FORM

Date: _____ Time: _____ Field: _____

Home Team: _____ Visiting Team: _____

League: _____ Category: _____

League UIC: _____

Plate Umpire: _____ Base Umpire: _____

Individual(s)/Team involved:

Description of the Incident:

Further action requested _____ No Further action required _____

Submitted by: _____ Date Submitted: _____