LCYBA 2010
EVALUATION

(Positive or Negative)

UMPIRE_____SCOREKEEPER_____ BOARD MEMBER_____PLAYER_____FAN _____

Fill out as much of this as possible:

Home Team:_____ Manager:_____Score:_____

Visiting Team:_____Manager:_____Score:_____

Incident Time:_____ Inning: T or B_____ Outs:_____ Scorekeeper:_____Date:_____

Official Start Time:_____ Umpires: _____ and _____

NARRATIVE

Specific, objective and complete observation and facts of the situation. Use direct quotations as applicable:

_____

_____

_____

_____

_____

_____

_____

Board Member Notified: _____

Reported by:_____ Home phone _____ Cell or Work _____

Written by:_____ Home phone _____ Cell or Work _____

Please fill out and turn into the concession stand so that we can properly follow up on the situation.

For office use only:
*Reviewed by LCYBA Board at meeting on:*_____

Action taken: _____

_____