

Castaic-SCV Little League

Stat Submission Form

Score Keeper:

Score Keeper Phone Number:

Division: **Minors** Date:
(Enter as x/xx/xx)

Time of Game:
(Enter as x:xx)

Field:

Home Team:

Visiting Team:

	Winning Team name	Score		Losing Team Name	Score
-	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 50%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 50%; height: 20px;" type="text"/>

Hitting

Player Names:	Jersey #	AB	Walks	RBI's	Single	Double	Triple	Homerun
<input style="width: 100%; height: 20px;" type="text"/>	0							

Player Names:	Jersey #	AB	Walks	RBI's	Single	Double	Triple	Homerun
<input style="width: 100%; height: 20px;" type="text"/>	0							

Pitch Count

I n n i n g s								
Player Names:	Jersey #	1	2	3	4	5	6	Total
<input style="width: 100%; height: 20px;" type="text"/>	0							

Player Names:	Jersey #	1	2	3	4	5	6	Total
<input style="width: 100%; height: 20px;" type="text"/>	0							

Please transfer your stats from your score sheet to this sheet

Please make an effort to email this to me at castaicll@gmail.com

or fax to me at 888-250-4 by 24 hours after the game
 Call me if you have questions regarding this stat sheet.

Thank You,
 Arnie Kazdoy
 Information Officer
 Castaic-SCV Little League
 661-406-6670