

Date Paid: \_\_\_\_\_

Payor: \_\_\_\_\_



# Junior Umpire Time Sheet

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Scheduled Start Time: \_\_\_\_\_

- ☐ Home plate ump
- ☐ Field ump

## Game

Team 1: \_\_\_\_\_ Score: \_\_\_\_\_

Team 2: \_\_\_\_\_ Score: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_

- Please submit to CVRC for payment (\$20)
- If concessions can't pay due to low cash flow, please save form and attempt reimbursement the following weekend