



Lake Zurich Bear Claw Tournament

Game Report

The completion and submission of this form is the responsibility of the home team.

Game Report

DATE: _____ Game Start Time: _____ Field: _____ (ST2, ST3, ST4, ST5, ST6, Lions, Anderson)

AGE LEVEL: _____ (8U, 9U, 10U, 12U, 13/14U)

Home Team: _____ Runs: _____ Away Team: _____ Runs: _____

Home Team			Away Team		
Pitcher Name	Jersey #	# of innings pitched	Pitcher Name	Jersey #	# of innings pitched

(Signature of Home Team Coach)

(Signature of Away Team Coach)

Please complete this report, take a photo, and text it to Philip Coughlin at 203-598-1494. Score will be entered into Tourney Machine **ONLY** after this form has been received.