SASSL dba **San Antonio Senior Softball League**

OFFICIAL'S/Groundskeeper REPORT

NAME: _____ **SSN:** _____

ADDRESS: _____ **City** _____

State _____**Texas** _____ **ZIP Code** _____

HOME PHONE _____ **CELL PHONE:** _____

TOTAL PAYMENT REQUESTED: **$** _____ **TOTAL PAID:** _____

_____ _____

Payee's Signature **Date**

Bill to: SASSL, 9360 Sumac Lane, San Antonio, TX 78266-2039

SAN ANTONIO SENIOR SOFTBALL LEAGUE

Date	Location	# Games	Class	Total	Partner