



Cary-Grove Youth Baseball & Softball
Tournament of Stars
Game Report

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

BASEBALL REPORT

DATE: _____ Game Start Time: _____ Field: _____ (i.e. M2, M5, CJH1, CJH2)

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

HOME TEAM: _____ RUNS: _____ AWAY TEAM: _____ RUNS: _____

PITCHER NAME HOME TEAM	JERSEY NUMBER	# OF INNINGS PITCHED		PITCHER NAME AWAY TEAM	JERSEY NUMBER	# OF INNINGS PITCHED

*Please do not use nicknames. Please use names given on the roster, first and last.

(SIGNATURE HOME TEAM COACH)

(SIGNATURE AWAY TEAM COACH)

Please complete this report, take a photo, and text to **(TOS CONTACT at 708-250-8177)**.
Scores will be entered into Tourney Machine only after this form has been received.