



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

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

SOFTBALL REPORT

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

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

HOME TEAM: _____ RUNS: _____

AWAY TEAM: _____ RUNS: _____

(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.**