

REQUEST FOR UMPIRE FEE

**This form is to request payment for league games forfeited with less than 20 hours notice to umpire association. Yellow, Orange and Green sections must be completed in full and turned in upstairs to receive payment. A folder will be available for completed forms. Assignor should still be notified.*

GAME INFORMATION: Date: _____ Field: Savage Bixby HomeTeam: _____ VisitingTeam: _____	Age: 6U 8U 10U 12U 14U 16U 18U F#: 1 2 3 4 5 6 7 8 9 10 11 12 13 Reason: No Show Lack of Players Other _____	Class: A B C/Rec Time: 6:00 6:30 7:20 8:00 Responsible Team: Home Team Visiting Team
UMPIRE INFORMATION: Umpire Name: _____	Phone#: _____	Amount Due: _____
LEAGUE PAYMENT INFORMATION: Amount Paid: _____ Check #: _____	Date: _____	Team Reimbursement: Forfeiture Check League Error Other _____
SIGNATURES: Umpire Signature: _____ Assignor Signature: _____ League Signature: _____	Date: _____ Date: _____ Date: _____	Notes: