

## 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.*

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