

MGBSC

Mt Gilead Baseball Softball Commission

Umpire Payout Voucher

ONLY ONE FORM PER GAME PER UMPIRE

All information needs to be filled out by both parties for the Umpire to receive payment

Please Fill out and return to MGBSC: P.O. Box 262, Mt Gilead, Ohio 43338

Coaches Information:

Time and Date of Game: _____ Tournament Game: Yes / No

Coach's Name: Print _____

Coaches Signature: _____

Team Information: Please Circle all that apply

Softball

10U (9-10)

12U (11-12)

15U (13-15)

Baseball

Pee Wee (9-10)

Little League (11-13)

Pony League (14-16)

Field Information: Please Circle only one

Mt Gilead Fields: **A** **B** **C** **D** **E**

Edison Fields: **A** **B** **C**

Umpire Information

Umpire Name (Print): _____

Umpire Signature: _____

Mailing Address: _____

Home Phone: _____

OHSAA Permit Number: _____

PLEASE TURN THIS FORM IN TO THE CONCESSION STAND

Thank you for your time and participation in the development of our youth

"Today's youth, Tomorrow's leader, Become Involved!"

