**RCSL**

League: _____ Date: _____ FINAL SCORE: Away _____

Field: _____ Time: _____ Home _____

Away Team: Jersey Color: Home Team: Jersey Color:

| | Player Name | # | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | Player Name | # | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | | | | 1 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | 2 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | 3 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | 4 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | 5 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | 6 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | 7 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | 8 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | 9 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | 10 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | 11 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | 12 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | 13 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | 14 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | Away Team Score | | | | | | | | | | | | Home Team Score | | | | | | | | | | |

Away Manager Name: _____ Home Manager Name: _____ Umpire Name: _____

Away Manager Signature: _____ Home Manager Signature: _____ Umpire Signature: _____