

OKEEHOLEE YOUTH BASEBALL, INC.
P.O. BOX 20363 WEST PALM BEACH, FLORIDA 33416



EJECTION REPORT

(To be filled out by each Umpire on the field)

DATE _____

TEAM _____

TEAM MANAGER _____

EJECTED NAME _____

DESCRIPTION OF EJECTION

(use other side if needed)

PLATE UMPIRE

SIGNATURE _____

FIELD UMPIRE

SIGNATURE _____

WITNESS

SIGNATURE _____

available)

(if