

SOFTBALL SAN DIEGO UMPIRE FORFEIT Form

MAIL THIS COMPLETED FORM TO JOHN GRONDONA WITHIN 24 HOURS.

Those not complying with forfeit policy WILL NOT BE PAID.

MAIL TO:

John Grondona Cell Phone: 619 / 261 / 0826
11828 Clearwood Ct.
San Diego, CA 92131-2619

Umpire Name: _____ **Umpire #:** _____

Date of Forfeit: ___ / ___ / ___ **Day of Week:** M T W TH F SA SU

Field Location: HG CA MM **Game Time:** _____

FORFEITING MANAGERS NAME: _____

Opposing Team Manager: _____

Reason for Forfeit: _____

Date and Time Called to John: ___ / ___ / ___, ___: _____

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FORFEIT FORM: ___ cash _____ check number

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Date of Forfeit: ___ / ___ / ___ **Day of Week:** M T W TH F SA SU

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