

**FORFEIT FORM**

Umpire Name: \_\_\_\_\_ Umpire #: \_\_\_\_\_

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Day of Week: \_\_\_\_\_ Date of Forfeit: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Game: \_\_\_\_\_ (Co-ed, Men, etc)

Field Location: \_\_\_\_\_ Game Time: \_\_\_\_\_

Forfeiting Team: \_\_\_\_\_ Game Fee:\$ \_\_\_\_\_

Opposing Team: \_\_\_\_\_

Reason for Forfeit: \_\_\_\_\_

Date and Time Called to Association: \_\_\_\_/\_\_\_\_/\_\_\_\_, \_\_\_\_:\_\_\_\_\_

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