

GAMES COMPLETED

Week Ending _____

Name _____

Title _____ Ref _____ Plate _____ Bases _____

Program _____ Supervisor _____

Date	Game Division	# Games	Indicate Patch or Non-Patch Certification	Rate
Sun				
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
TOTAL				

Please sign below

.....
Signature Date

.....
Approval Date

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