



Scrimmage Tracking

FORT BEND TASO SOFTBALL CHAPTER

Date of Game: _____ Location: _____

Teams: _____

Varsity: _____ JV: _____

Officials

NAME	TIME IN	TIME OUT	# of Games

*Instructions: Complete Time In/Time Out **or** # of Games Section(s). Please print legibly.*

**Only 1 official please send completed form and submit to scheduler and cc secretary.
Submit by scanning and emailing or taking a photo of completed form and then
emailing or texting.**

Submitted by: _____

Contact Info: _____