

**TEXARKANA GAZETTE BASEBALL FORM**  
 e-mail forms to sports@texarkanagazette.com or fax to 903-794-3315

It is the responsibility of the winning team to submit completed forms to the Gazette Sports department before 5 p.m. the day after the game is played in order for it to appear in the next edition. All information must be written legibly, printed or typed and must include first and last names of all players involved on either team; otherwise game report will not be published. Only one form per team per day will be accepted unless a teams plays more than one game a day.

SCORE BY INNINGS	1	2	3	4	5	6	7	8	9	- R	H	E
_____	-	-	-	-	-	-	-	-	-	-	-	-
_____	-	-	-	-	-	-	-	-	-	-	-	-

TEAM RECORDS \_\_\_\_\_

WINNING PITCHER, RECORD \_\_\_\_\_

LOSING PITCHER, RECORD \_\_\_\_\_

WINNERS LEADING HITTERS

LOSERS LEADING HITTERS

1B 2B 3B HR RBI

1B 2B 3B HR RBI

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME OF LEAGUE \_\_\_\_\_ AGE GROUP \_\_\_\_\_

GAME SITE \_\_\_\_\_

PERSON SUBMITTING FORM \_\_\_\_\_ PHONE \_\_\_\_\_ DATE \_\_\_\_\_