

Adopt an Umpire Claim Sheet

| Date of Game | Stub Number | Ball Daimond | Division Ump | Confirmed Office Use |
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NAME: _____

ADDRESS: _____

POSTAL CODE: _____

CHEQUE MADE OUT TO: _____

Please staple umpire stubs to this sheet. Mail to SMSL Office by July 15.
Box 8700 S7K 6S5 Saskatoon, Sk