

CYRA

Umpire Card

Date _____ Location _____

Division _____ (Please Circle One)

Baseball	T A AA AAA
Softball	T A AA AAA MAJORS

Umpire Name _____

(Please Circle One)

Game Type	Regular / Rain / NoShow
Second Umpire	Yes / No

Team _____ Coach's Signature _____

Coach signature is required for payment except on no-show

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