

GATEWAY CITY SPORTS OFFICIALS, INC.  
SCORE SHEET

UMPIRE NAME (PRINT) \_\_\_\_\_ MONTH OF \_\_\_\_\_, 20 \_\_\_\_\_

(Make sure that all necessary information is provided)

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Mail or drop off at the following address after you have completed your final games of the month:

**Roger Berry**  
**6047 Elizabeth Avenue**  
**St. Louis, MO 63139**

\*Please keep copies for your own records.