

LOUISIANA HIGH SCHOOL ATHLETIC ASSOCIATION



UMPIRE INFORMATION CARD

Date: \_\_\_\_\_

Home Team: \_\_\_\_\_

Visiting Team: \_\_\_\_\_

SOFTBALL  BASEBALL

District Game YES  NO

UMPIRE	REG	CER	
PLATE-			
BASE-			
BASE-			
BASE-			

Officials Assn: \_\_\_\_\_

LOUISIANA HIGH SCHOOL ATHLETIC ASSOCIATION



UMPIRE OFFICIALS INFORMATION CARD

Date: \_\_\_\_\_

Home Team: \_\_\_\_\_

Visiting Team: \_\_\_\_\_

SOFTBALL  BASEBALL

District Game YES  NO

UMPIRE	REG	CER	
PLATE-			
BASE-			
BASE-			
BASE-			

Officials Assn: \_\_\_\_\_

LOUISIANA HIGH SCHOOL ATHLETIC ASSOCIATION



UMPIRE OFFICIALS INFORMATION CARD

Date: \_\_\_\_\_

Home Team: \_\_\_\_\_

Visiting Team: \_\_\_\_\_

SOFTBALL  BASEBALL

District Game YES  NO

UMPIRE	REG	CER	
PLATE-			
BASE-			
BASE-			
BASE-			

Officials Assn: \_\_\_\_\_

LOUISIANA HIGH SCHOOL ATHLETIC ASSOCIATION



UMPIRE OFFICIALS INFORMATION CARD

Date: \_\_\_\_\_

Home Team: \_\_\_\_\_

Visiting Team: \_\_\_\_\_

SOFTBALL  BASEBALL

District Game YES  NO

UMPIRE	REG	CER	
PLATE-			
BASE-			
BASE-			
BASE-			

Officials Assn: \_\_\_\_\_

**Lightning Detector:** YES NO

if YES, Operator: \_\_\_\_\_

Location: \_\_\_\_\_

**Appropriate Health Care Professional:**

YES NO

If YES, Name: \_\_\_\_\_

Title: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Lightning Detector:** YES NO

if YES, Operator: \_\_\_\_\_

Location: \_\_\_\_\_

**Appropriate Health Care Professional:**

YES NO

If YES, Name: \_\_\_\_\_

Title: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Lightning Detector:** YES NO

if YES, Operator: \_\_\_\_\_

Location: \_\_\_\_\_

**Appropriate Health Care Professional:**

YES NO

If YES, Name: \_\_\_\_\_

Title: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Lightning Detector:** YES NO

if YES, Operator: \_\_\_\_\_

Location: \_\_\_\_\_

**Appropriate Health Care Professional:**

YES NO

If YES, Name: \_\_\_\_\_

Title: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_