PROTEST FORM

All information on this sheet must be completed and turned in with in 72 hours of the time of the protest along with a \$50.00 protest fee and a copy of the score book to the SPAA office.

Date:		Field:	Offi	cial game t	ime:
Home team:			Visiting team:		
Home plate ump	ire:		Field umpire:		
3rd umpire (if an	y):				
Time of protest:		Inning:	l top	□ bottor	n
Please indicate be the protest:	elow the location	of any base runn	ers (by using their n	umbers) at	the point of
# of outs at time	of protest:	Count	on the batter:		Strikes
Home team pitch	ner(s)				
Visiting team pit	cher(s)				
	sted may be found		□ SPAA	Baseball	
Rule number bei	ng protested (inclu	ude Part, Rule, S	ection, and page nun	nber where	applicable):
Part		Section	Page	number	

Please explai	Please explain your protest below (use additional paper if more space is needed):				
Please rem	nember that valid protests are for rule violations only. Umpire judgment calls that you may question or disagree with are not valid protests.				
Signature:	Date:				