Date: ____________________   Game Time.: ____________________

Diamond / Park: ________________________________________

Team Name: __________________________________________________________________

Team Rep.: __________________________________________________________________

The Umpire: Umpire Name: ________________________________ Umpire No.: _____

1. Did the Umpire arrive at the park in sufficient time to go over
ground rules and ensure the diamond was properly setup? ..........................
   □ Yes  □ No

2. Did you find the Umpire to be dressed appropriately? ..................................
   □ Yes  □ No

3. Did you find the Umpire had sufficient knowledge of
the rules of the game and enforced them properly? ..........................
   □ Yes  □ No

4. Did you find the Umpire’s demeanor and attitude
to be helpful in your enjoyment of the game? ..........................
   □ Yes  □ No

5. Was the Umpire approachable to answer any questions? ..........................
   □ Yes  □ No

6. Did you feel the Umpire worked and acted professionally? ..........................
   □ Yes  □ No

7. Did your game start on time? ........................................................................
   □ Yes  □ No

8. Was sufficient time allotted to play your game? ............................................
   □ Yes  □ No

9. Comments on the Umpire (positive or negative) if applicable: ________________________
   __________________________________________________________________________
   __________________________________________________________________________

The Other Team: vs Team Name: ____________________________________________

1. Did the other team conduct itself in a manner that was
helpful in your enjoyment of the game? ............................................................
   □ Yes  □ No

2. Were there any incidents that should be reported? ........................................
   □ Yes  □ No

   __________________________________________________________________________
   __________________________________________________________________________

3. Comments on the other team (positive or negative) if applicable:
   __________________________________________________________________________

Do you require a response from the League Executive on this report?  □ Yes  □ No

Please fax this report to RSPA at (905) 840-4189  •  An e-mail version is also available