


Team:		<input type="checkbox"/> home <input type="checkbox"/> away		Opponent:				Field:									
Umpire:			Date:				Start Time:			End Time:							
#	Player	Pos	1	2	3	4	5	6	7	8	9	10	AB	R	H	RBI	
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		Hits															
		Errors															
		Left On															
#	Pitcher	IP	Win/Loss	Save	Hits	Runs	ER	Walks	K	HB	BK	WP					
Line score		Team	1	2	3	4	5	6	7	8	9	10	R	H	E		
Scorer:																	