

# Little League of the Islips

# Game Score Sheet

**Your Division:**

**Your Team:**

Today's Game Date:

Field Number:

Regularly Scheduled Game: Yes  No

If this is a make-up game  
Date of original game

## HOME TEAM

## VISITING TEAM

**Team Name:**

**Team Name:**

**SCORE:**

**SCORE:**

Completed Innings:

Opposing Manager signature:

<u>YOUR ROSTER</u> First <u>AND</u> Last Name	Innings Played	Innings Pitched	Last Pitched	Not Present	Brought Up
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Comments: