



# BAT CONFISCATION INCIDENT REPORT

NOTE: All information must be provided or USA Softball National Office will not accept the report.

PLAYER NAME

PLAYER ADDRESS

CITY/STATE/ZIP CODE

EMAIL

PHONE NUMBER

LOCAL ASSOCIATION

USA SOFTBALL COMMISSIONER SIGNATURE

LOCATION OF CONFISCATION

DATE & TIME OF CONFISCATION

REASON FOR CONFISCATION

REPORT COMPLETED BY

SIGNATURE

PHONE

USA SOFTBALL TOURNAMENT DIRECTOR

USA SOFTBALL UMPIRE-IN-CHIEF

USA SOFTBALL TOURNAMENT REPRESENTATIVE

## BAT INFORMATION:

BAT MANUFACTURER

BRAND NAME

MODEL

BAT OWNER

SIGNATURE

PHONE

TEAM MANAGER

SIGNATURE

PHONE

## USA SOFTBALL NATIONAL OFFICE USE ONLY:

TEST LAB USED

DATE SHIPPED

RESULT

TYPE OF BAT RETURNED (IF APPLICABLE)