

Official: \_\_\_\_\_ Date of event: \_\_\_\_\_

SPORT:	Baseball	Basketball	Hockey	Soccer	Softball	Swimming	Volleyball
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TEAMS:

SCORE:

SCORE:

REF signature: \_\_\_\_\_

A.D. signature (CAA): \_\_\_\_\_

Official: \_\_\_\_\_ Date of event: \_\_\_\_\_

SPORT:	Baseball	Basketball	Hockey	Soccer	Softball	Swimming	Volleyball
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TEAMS:

SCORE:

SCORE:

REF signature: \_\_\_\_\_

A.D. signature (CAA): \_\_\_\_\_

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TEAMS:

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SCORE:

REF signature: \_\_\_\_\_

A.D. signature (CAA): \_\_\_\_\_

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TEAMS:

SCORE:

SCORE:

REF signature: \_\_\_\_\_

A.D. signature (CAA): \_\_\_\_\_

Return form to: **CAA**

**Fax # 651-227-9639**

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