

SOFTBALL ACCIDENT REPORT

DATE _____ LOCATION _____

TEAMS 1) _____ 2) _____

LEAGUE _____

SLO-PITCH [] SR. FAST PITCH [] MINOR [] DISTRICT _____

INJURED PERSON

NAME _____

ADDRESS _____

PHONE _____

TYPE OF INJURY _____

DESCRIPTION OF ACCIDENT

WITNESS

NAME _____

ADDRESS _____

PHONE _____

PERSON COMPLETING THIS FORM

NAME _____

ADDRESS _____

PHONE _____

POSITION _____

RETURN FORM TO: SOFTBALL B.C.
Box 45570, Sunnyside Mall
Surrey, B.C.
V4A 9N3



THIS IS NOT AN INSURANCE CLAIM FORM

PLEASE OBTAIN CLAIM FORMS FROM YOUR DISTRICT COORDINATOR.