

Injury Report Form

Please fill this form out electronically and submit to the Tournament Director or BQ by 3 pm the business day following the game: events@baseballqld.asn.au

1. Reporting Person	
Reporting Person:	
Phone:	Email:
2. Injured Person Details	
Name:	
Team Name:	Age Group/Division:
Phone:	Email:
3. Details of Injury	