

2020 BAT LOG



TEAM NAME _____

PLAYER or COACH'S NAME _____

CHECK ONE -- PLAYER BATS _____ TEAM BATS _____

CIRCLE ANY OR ALL THAT APPLY

COED A B C D T1 T2 T3 MEN'S I II III IV V

DATE Tested	MAKE	MODEL	SERIAL # If Available	COMPRESSION READING	Approved LABEL #
___/___					
___/___					
___/___					
___/___					
___/___					
___/___					
___/___					
___/___					

I, the undersigned, by my signature hereto, certify that I am the Team Captain OR the Owner of the above noted bats.

I acknowledge that I have read and understood the SPO bat testing procedure & policies and the Bat-testing process and I agree to all terms and conditions outlined therein.

I acknowledge that any bat submitted for testing may fail the compression test, not because of tampering or altering, but from excessive use. I agree that such bat(s) will not be used during any GTC SPL, RCMSPL or SPO event. If the bat(s) are found to be in the playing area at any subsequent time during league or tournament play, I acknowledge I will be subject to suspension from league or tournament play immediately and such further disciplinary action as the GTC SPL, RCMSPL & SPO Committees deem appropriate.

Team Captain/Contact SIGNATURE _____

I CONFIRM THE ABOVE BATS WERE PRESENTED TO ME AND TESTED ON THE DATE INDICATED ABOVE

SPO, GTC SPL, or RCMSPL Representative _____