

**JaxParks Adult Softball Program Department of Recreation
and Community Services 214 N. Hogan Street, Suite 1000
Jacksonville, FL 32202**

Confiscated Equipment Form

Game Time _____ **Date** _____

Site _____ **Field #** _____

League _____

Team Name _____

Players Name (owner) _____

Type of Equipment (Include Brand) _____

Equipment Model _____

Equipment Serial Number _____

Confiscated by _____

Confiscated by Title/Position _____

Ticket Number Assigned _____

Scorekeeper Name (Received Equipment) _____

The enforcement of the Altered Bat and Ball Policy for JaxParks Adult Softball League Play and Tournaments is an agreed upon effort of JaxParks and Florida's First Coast Softball Association Inc.