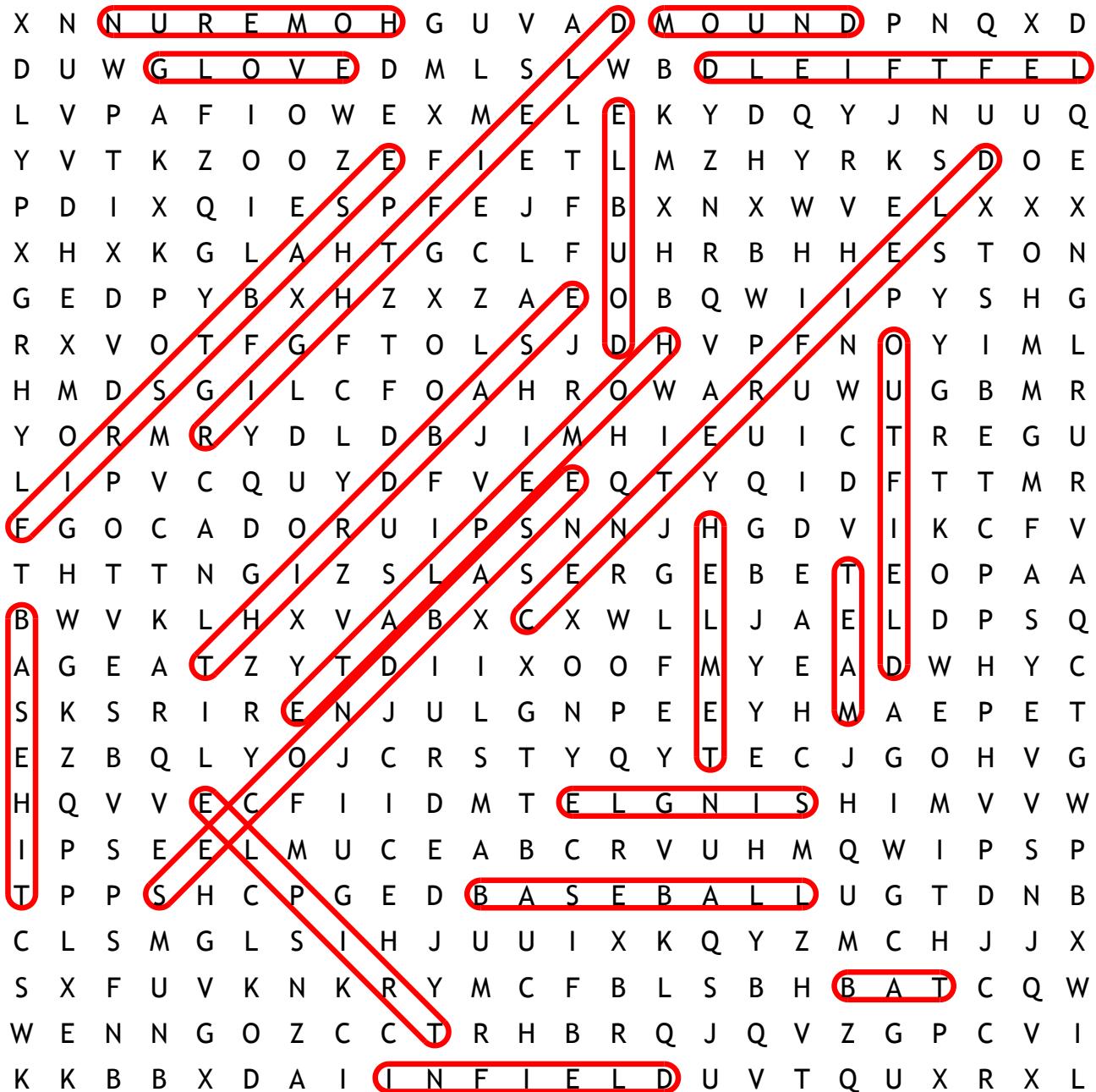


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Home Run



Center Field

Left Field

Outfield

Triple

Mound

Second Base

Home Plate

Base Hit

Single

Glove

Right Field

First Base

Infield

Helmet

Team

Third Base

Baseball

Homerun

Double

Bat