PITCH COUNT SUMMARY FORM

DATE ______________________
SITE _______________________________________________

VISITOR SCHOOL ________________________________ CLASS_________
PITCHER’S NAME & # _________________________#______ PITCH COUNT______
_________________________#______ PITCH COUNT______
_________________________#______ PITCH COUNT______
_________________________#______ PITCH COUNT______
_________________________#______ PITCH COUNT______

COACH’S SIGNATURE ________________________________

HOME TEAM SCHOOL ________________________________ CLASS_________
PITCHER’S NAME & # _________________________#______ PITCH COUNT______
_________________________#______ PITCH COUNT______
_________________________#______ PITCH COUNT______
_________________________#______ PITCH COUNT______
_________________________#______ PITCH COUNT______

COACH’S SIGNATURE ________________________________

SITE CHAIR’S SIGNATURE ________________________________

NOTE: This form is to be forwarded to the next postseason game site by the Section Coordinator or his designee.