

NCHSAA Pitch Count Tracking Form

Date of Contest: _____ Mon Tue Wed Thu Fri Sat

		Inning :1	2	3	4	5	6	7	8	9	10	Total Pitches Thrown Today	Exceeded 105 Pitches Due To Finishing At-Bat	Days Of Rest Required
Home Team: _____														
Pitcher 1 _____														
Pitcher 2 _____														
Pitcher 3 _____														
Pitcher 4 _____														
Pitcher 5 _____														
Pitcher 6 _____														
Pitcher 7 _____														
Away Team: _____														
Pitcher 1 _____														
Pitcher 2 _____														
Pitcher 3 _____														
Pitcher 4 _____														
Pitcher 5 _____														
Pitcher 6 _____														
Pitcher 7 _____														

- This contest was started and completed on the same day
- This contest was suspended
- This contest was picked up at the point of interruption

Home Team Head Coach Signature _____

Away Team Head Coach Signature _____

<u>Pitches Thrown</u>	<u>Days of Rest</u>
1-30	0
31-45	1
46-60	2
61-75	3
76+	4

This form must be signed by both coaches prior to leaving the facility and kept on file throughout the season.