

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

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

Home Team Head Coach Signature _____

Away Team Head Coach Signature _____

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