

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 or Designee Signature: _____

Away Team Head Coach or Designee Signature: _____

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

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

NCHSAA Experiment Data Collection Tool

Date of Contest: _____

Mon Tue Wed Thu Fri Sat _____

First Pitch: _____

Last Out: _____

	Pitcher Technology (Yes/No)	Catcher Technology (Yes/No)	"Cross Up" Count										No Technology "Cross Ups"	Pitcher Only Technology "Cross Ups"	Catcher Only Technology "Cross Ups"	Pitcher and Catcher Technology "Cross Ups"	
			Inning :1	2	3	4	5	6	7	8	9	10					
Home Team: _____																	
Pitcher 1																	
Pitcher 2																	
Pitcher 3																	
Pitcher 4																	
Pitcher 5																	
Pitcher 6																	
Pitcher 7																	
Away Team: _____																	
Pitcher 1																	
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