



GIAA MIDDLE SCHOOL PITCH COUNT TRACKING FORM

DATE OF GAME:

HOME TEAM		Inning 1	2	3	4	5	6	7	8	9	10	Total Pitches Thrown this Game
Pitcher 1:												
Pitcher 2:												
Pitcher 3:												
Pitcher 4:												
Pitcher 5:												
Pitcher 6:												
Pitcher 7:												

AWAY TEAM		Inning 1	2	3	4	5	6	7	8	9	10	Total Pitches Thrown This Game
Pitcher 1:												
Pitcher 2:												
Pitcher 3:												
Pitcher 4:												
Pitcher 5:												
Pitcher 6:												
Pitcher 7:												

HOME TEAM Head Coach Signature:

AWAY TEAM Head Coach Signature:

This form must be signed by BOTH Coaches.