

Tournament Game Day Pitching Certificate

HOME TEAM MANAGES DOCUMENT. BOTH TEAMS COMPLETE DOCUMENT

PLEASE PRINT LEGIBLY USING ALL CAPITAL LETTERS

Date:	Time:
Division:	Field:
Pitch Counter (Home):	Pitch Counter (Away):
Home Team:	Manager:
Away Team:	Manager:

PITCHING SUMMARY

	Jersey Number	First Name	Last Name	League Age	Total Pitches	Started Last Batter @	Days Rest	Score Keeper Initial	Pitch Counter Initial	
Home Team:										HOME
Visiting Team:										VISITOR

I affirm that the player pitch counts entered herein are accurate for the game played on the date and location identified above.

PLEASE SIGN AND DATE BELOW:

Home Team Manager:	Date:
Away Team Manager:	Date:
Pitch Counter (Home):	Date:
Pitch Counter (Away):	Date:

Home Team: Submit completed document to the official scorekeeper or tournament director.