

GHSA BASEBALL PITCH COUNT WORKSHEET

Date: _____ Site: _____ V: ____ or JV: ____ Pitch Count Monitor: _____

Home Team: _____ Home Team Head Coach Signature: _____

Pitchers Last Name/1st initial	Jersey #	1	2	3	4	5	6	7	8	9	10	Total

Visiting Team: _____ Visiting Team Head Coach Signature: _____

Pitchers Last Name/1st initial	Jersey #	1	2	3	4	5	6	7	8	9	10	Total

**NOTE: When playing out of state or non-member school the Head Coach must submit pitch count results to Pam Thompson (pamthompson@ghsa.net)
Pitch Count Monitor must provide a copy of this worksheet to each head coach at the conclusion of each game.**