

Connecticut Interscholastic Athletic Conference

Pitch Count Certification Form

Date of Contest - ___/___/___

This form may be used by both teams during a game to help track pitches BUT must be signed and certified by both coaches on the home team form after every game at ALL levels of play.

Visiting Team Name -				Home Team Name -			
Visiting Team Pitcher	Inning	Pitches	Cum/Pitch	Home Team Pitcher	Inning	Pitches	Cum/Pitch

Your signature on this page certifies you are in agreement with the final tally of pitches thrown by all pitchers at this game.

Visitor Coach Name - _____
Signature - _____

Home Coach Name - _____
Signature - _____

