ORWALL Game Day Pitching Certificate

HOME TEAM MANAGES DOCUMENT. **BOTH TEAMS COMPLETE**

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

Home Team:

Jersey Number	First Name	Last Name	Age	Total Pitches	Started Last Batter @	Days Rest	Score Keeper Initial	Pitch Counter Initial

HOME

Visiting Team:

Jersey Number	First Name	Last Name	Age	Total Pitches	Started Last Batter @	Days Rest	Score Keeper Initial	Pitch Counter Initial

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: PLACE COMPLETED DOCUMENT IN BLACK DROP BOX @ CONCESSIONS

MANAGERS: ENTER SCORES/PITCH COUNTS INTO WEBSITE PRIOR TO 2:00 PM TOMORROW!

YOU ARE ENCOURAGED TO TAKE A PICTURE OF THE COMPLETED SHEET FOR REFERENCE.