

Age/Division:

Team Name:

**\*\* Pitching Sheet must be presented at the plate meeting, failure to show pitching sheet will result in a FORFEIT**

**\*\* Pitching Sheet must be filled out and signed by both coaches after each game in PEN**

**\*\* Scores for each team and your pitching must be included and signed after each game**



**\*\* Games will not start until this form is presented at the plate meeting \*\***

Game 1:	Date:	Your Score:	Opponents Score:	Opponents Team Name:
Pitchers Names: Last name, First initial		Uniform Number (#)	Innings:	
1				
2				Opponents Signature:
3				
4				Your Signature:
5				

Game 2:	Date:	Your Score:	Opponents Score:	Opponents Team Name:
Pitchers Names: Last name, First initial		Uniform Number (#)	Innings:	
1				
2				Opponents Signature:
3				
4				Your Signature:
5				

Game 3:	Date:	Your Score:	Opponents Score:	Opponents Team Name:
Pitchers Names: Last name, First initial		Uniform Number (#)	Innings:	
1				
2				Opponents Signature:
3				
4				Your Signature:
5				

Game 4:	Date:	Your Score:	Opponents Score:	Opponents Team Name:
Pitchers Names: Last name, First initial		Uniform Number (#)	Innings:	
1				
2				Opponents Signature:
3				
4				Your Signature:
5				

Game 5:	Date:	Your Score:	Opponents Score:	Opponents Team Name:
Pitchers Names: Last name, First initial		Uniform Number (#)	Innings:	
1				
2				Opponents Signature:
3				
4				Your Signature:
5				

Game 6:	Date:	Your Score:	Opponents Score:	Opponents Team Name:
Pitchers Names: Last name, First initial		Uniform Number (#)	Innings:	
1				
2				Opponents Signature:
3				
4				Your Signature:
5				