

Official Pitch Count

Date: _____

District Chair School: Sam Rayburn HS

Home Team: _____

District Chair Email or designee: creel@dpisd.org

Visiting Team: _____

District Chair or designee phone #: 713-740-0837

District Game: _____ Non-District Game: _____ *Home Team must send official pitch count to district chair within 48 hours of game

Pitches	Days Rest
0 - 30	0
31 - 45	1
46 - 65	2
66 - 85	3
86 - 110	4

* Only game pitches will count. (Not warm up pitches)

* Each game will need an official pitch counter provided by the home team. The official pitch counter will not be allowed to be in the dugout.

Home Team _____

Player #	Player's Name	# of Pitches

Visiting Team _____

Player #	Player's Name	# of Pitches

* I hereby certify that the above pitch counts are correct:

Home Team Head Coach _____

Visiting Team Head Coach _____

Official Pitch Counter _____