

GEORGIA HIGH SCHOOL ASSOCIATION FINAL PITCH COUNT GAME SUMMARY

DATE OF GAME: _____

GAME SITE: _____

Pitcher's Number	Pitcher's First & Last Name	Total Pitch Count	Signature of Visiting Team Scorekeeper	Signature of Home Team Scorekeeper	Signature of Visiting Team Head Coach	Signature of Home Team Head Coach

NOTE: This form is to be kept on file at the host school for the entire season.