Teams will have the responsibility to maintain every pitching chart and have available at each game Each team will record pitch counts on the official NHALB pitch count form

After each half inning the pitch counts will be confirmed, any discrepancy resolved by home team

At games's conclusion, the ALB pitch count form will be signed by both head coaches

Froms must be kept for the entire season

Required Rest	
1-30	0 Days
31-45	1 Days
46-60	2 Days
61-80	3 Days
81+	4 Days
Max pitches 105	

Team name: _____ Date: _____

Pitcher Name & # | Total Pitches | Days rest Required

Cross off a number for every pitch thrown excluding warmups and pick off attempts

1	2	3	4	**5**	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
26	27	28	29	**30**	31	32	33	34	35	36	37	38	39	40	41	42	43	44	**45**	46	47	48	49	50	
51	52	53	54	55	56	57	58	59	**60**	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	
76	77	78	79	**80**	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	
101	102	103	104	**105**																					

Pitcher Name & # | Total Pitches | Days rest Required

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26	27	28	29	**30**	31	32	33	34	35	36	37	38	39	40	41	42	43	44	**45**	46	47	48	49	50	
51	52	53	54	55	56	57	58	59	**60**	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	
76	77	78	79	**80**	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	
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76	77	78	79	**80**	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	
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Coach Signature _____