TSSAA BASEBALL PITCHING LIMITATION VERIFICATION FORM

Keep updated, on hand, and in dugout

School _____ City _____ Level _____ (MS/JV/V) Year _____

Date	Opponent	Jersey Number	Pitcher's Name	Pitches Thrown	Days Rest Required	Pitcher's Coach Signature	Opposing Coach Signature

Pitches Thrown: Number of pitches thrown on this date including pitches thrown for strikes, balls, foul balls, balls in play, hits, and outs. **All balls thrown to the catcher when game is in progress.**

By signing below, the individuals certify that the information on this form is complete and accurate.

_____ _____

(Head Coach Signature and Date) (Principal / AD Signature and Date)

_____ _____

(Coach Title Head Coach) (Administrative Title)