

ABRSL PITCHER TRACKER FORM:

Mark an "X" in each inning of the game a pitcher throws at least one pitch

HOME TEAM _____

VS

AWAY TEAM _____

HOME		1	2	3	4	5	6	7	8	9	10	TOTAL
	PLAYER NAME & UNIFORM #											
Starter	NO.											
Relief	NO.											
Relief	NO.											
Relief	NO.											
Relief	NO.											
Relief	NO.											

MGR. VERIFICATION _____

VISITOR		1	2	3	4	5	6	7	8	9	10	TOTAL
	PLAYER NAME & UNIFORM #											
Starter	NO.											
Relief	NO.											
Relief	NO.											
Relief	NO.											
Relief	NO.											
Relief	NO.											

MGR. VERIFICATION _____