

TSP Baseball Game Record

Date: _____ Division: _____ Start Time: _____ Field #: _____

Team Name: _____ Coach Name: _____

Home Visitor Final Score: Home _____ Visitor _____

***4th-6th Baseball - Please track the pitcher and innings on the back.*

| | Player's Name | # | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|-----|---------------|---|--|---|---|---|---|---|---|---|
| 1. | | | | | | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| 4. | | | | | | | | | | |
| 5. | | | | | | | | | | |
| 6. | | | | | | | | | | |
| 7. | | | | | | | | | | |
| 8. | | | | | | | | | | |
| 9. | | | | | | | | | | |
| 10. | | | | | | | | | | |
| 11. | | | | | | | | | | |
| 12. | | | | | | | | | | |
| 13. | | | | | | | | | | |
| 14. | | | | | | | | | | |
| 15. | | | | | | | | | | |
| 16. | | | | | | | | | | |
| 17. | | | | | | | | | | |

*****For Official Use Only*****

Scoring for Sportsmanship

| | Great | | | Poor | |
|-------|-------|---|---|------|---|
| Team | 5 | 4 | 3 | 2 | 1 |
| Coach | 5 | 4 | 3 | 2 | 1 |
| Fans | 5 | 4 | 3 | 2 | 1 |

Field Umpire: _____

Plate Umpire: _____

NOTES:

Please hand this to the umpire after every game, they must submit this to the Equipment Room for tracking.
If the game is NOT at Bolton Hill Sports Complex, please take a photo and send to Denea at 971-404-6893

Rule: Pitchers may only pitch 4 innings per game, with seven innings in 1 week.

X : pitched the full inning

/ : pitched half an inning

| | Pitcher's Name | # | Innings Pitched | | | | | | |
|----|----------------|---|-----------------|---|---|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |

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