MONTANA DISTRICT #1 LITTLE LEAGUE
PITCHING RECORD FOR REGULAR SEASON AND TOC

Date of Game	Pitcher's Name	Number of Pitches	Opposing Team	Our Score	Their Score	Official Signature

Completed Pitching Record and Medical Releases **MUST** be presented at all games.

After the completion of each game, the Manager **MUST** have this record completed and signed **IN INK** by the Tournament Field Director or Official Scorekeeper to be eliglble to play in the next game.