Name ____ Date____________ Opponent ____________________________

Inning ________ Inning _______ Inning _____ Inning _______

Pitch #	Selection	Location	Hit	Miss	(result)	Pitch #	Selection	Location	Hit	Miss	(result)	Pitch #	Selection	Location	Hit	Miss	(result)	Pitch #	Selection	Location	Hit	Miss	(result)

Season_________________________ Team_________________________________ Pitcher's Name__________________________

Your quality pitching chart.
You either hit the mitt with good stuff or you didn't!

Date or Total	# of Pitches	FB		%	CB		%	Ch		%	Sl		%	Other		%	Total		%	Thoughts / Comments
		Hit	Miss		Hit	Miss		Hit	Miss		Hit	Miss		Hit	Miss		Hit	Miss		