REFEREE EVALUATION

Referee's Name _____ Referee's Number _____

Coaches Name _____ Coaches Number _____

Coaches E-mail _____ Coaches Telephone _____

Club _____ Team Age and Gender e.g. Girls U-15 _____ Division _____

Game Score _____ Winner _____ Loser _____

Date of Game _____ Game Time _____ Location Home or Visitor _____

Please Evaluate by checking one box	**Poor**	**Fair**	**Good**	**Excellent**
Attitude Towards Players				
Attitude Towards Coaches				
Attitude Towards Spectators				
Impartiality				
Knowledge of the Rules				
Field Position				
Game Control				
Referees Appearance				

Did the referee arrive on time _____Yes _____ No

Were any cards issued? **Players** ___Red ___Yellow **Adult** ___ Red ____Yellow

Comments _____

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Please mail form to:

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