

**REFEREE EVALUATION**

REFEREE'S NAME \_\_\_\_\_ AGE GROUP \_\_\_\_\_ DATE \_\_\_\_\_  
TIME \_\_\_\_\_ FIELD NAME AND NUMBER \_\_\_\_\_

**(PLEASE RATE THE FOLLOWING 1-10)**

APPEARANCE \_\_\_\_\_  
MOVEMENT \_\_\_\_\_  
DECISIVENESS \_\_\_\_\_  
POSITION \_\_\_\_\_  
GAME CONTROL \_\_\_\_\_  
APPLICATION OF RULES \_\_\_\_\_  
OVERALL PERFORMANCE \_\_\_\_\_

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We know how busy everyone is and thank you for taking the time to fill this out.  
Please keep in mind we like good responses as well as bad ones. We would like the opportunity to contact you. Please let us know the easiest form of contact.  
Thank you

NAME \_\_\_\_\_  
E-MAIL \_\_\_\_\_  
PHONE \_\_\_\_\_