

Summer 2008

North Texas Co-Ed Soccer Association
Game (Referee) Evaluation / Insurance Report



Just Did It v. \_\_\_\_\_
(Your Team Name) (Opponent)

Date: \_\_\_/\_\_\_/\_\_\_ Div: O30 Field: \_\_\_\_\_

Winning Team: \_\_\_\_\_ Score: \_\_\_ to \_\_\_

Coaches' Signature: \_\_\_\_\_

Opponent's Signature: \_\_\_\_\_

You can change your #'s, however, 1 year suspension for illegal players being added.

NO HAND WRITTEN NAMES

Table with columns: Jersey #, Cards (Yel., Red), Injury. Rows list names like Bryson, Connie; Doffing, Jon; Gray, Elvira; Hendrix, Dennis; Henning, Delores; Holland, Cindy; Latta, Patty; Marquez, Stephanie; McIntvre, Steve; Morrison, Mark; Nunns, Tami; Schmidt, Deborah; Schmidt, Peter; Stevenson, John; Walker, Tim; Wischmann, Gerald.

NO HAND WRITTEN NAMES

Did your game start on time? Yes \_\_\_ No \_\_\_

Were both Assistant referees present? Yes \_\_\_ No \_\_\_

Comments: \_\_\_\_\_

One point will be deducted from your standings if this form is not rec'd in the Co-Ed Office before noon on Tuesdays following the game.

1605 Malibu Dr., Carrollton, TX 75006-4055

Game / Referee Evaluation Report
(Captains have discipline reports to give to you at every game)

Referee's Name: \_\_\_\_\_
PLEASE PRINT

A/R #1: \_\_\_\_\_ A/R #2: \_\_\_\_\_
PLEASE PRINT PLEASE PRINT

Reporting Team's Score: \_\_\_\_\_ Opponent's Score: \_\_\_\_\_

Injury Report

Injury Report section with fields for Jersey #, Type of Injury, and Referee's Signature.

Referee Evaluation by team Captain, please circle one for each:

Referee: (poor) 1 2 3 4 5 6 7 8 9 10 (excellent)

AR# 1: 1 2 3 4 5 6 7 8 9 10 AR# 2: 1 2 3 4 5 6 7 8 9 10

If you rated the Referee 1, 2, or 3, please list reason.

If you rated the Referee 8, 9 or 10, please tell us why.

Comments: \_\_\_\_\_

Comments continued on 2nd page: Yes \_\_\_ No \_\_\_

If no forms are sent to the Co-Ed Office, your team will not be eligible for the Divisional Championship

Fax: 972-466-0822