

**Fall 2008**

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



Legends v. \_\_\_\_\_  
 (Your Team Name) (Opponent)

Date: \_\_\_/\_\_\_/\_\_\_ Div: 6 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**

	Jersey #	Cards			Injury
		Yel.	Red		
1	Aguilar, Gilberto				
2	Aguilar, Jesse				
3	Aguilar, Pamela				
4	Avant, Troy				
5	Bonilla, Angela				
6	Castro, Cinthia				
7	Garza, Marissa				
8	Gonzalez, Jose				
9	Guerrero, Jose				
10	Krone, Jennifer				
11	Luciano, Ali				
12	Miller, Vicky				
13	Parra, Arizbe				
14	Parra, Jaime				
15	Riojas, Rogelio				
16	Rodriguez, Celestino				
17	Rodriguez, Diane				
18	Saldana, Jeremy				
19	Saldana, Juana				
20	Saldana, Regan				
21	Whitehead, Virginia				
22					
23					
24					

**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**

Jersey # \_\_\_\_ Type of Injury: \_\_\_\_\_  
 Jersey # \_\_\_\_ Type of Injury: \_\_\_\_\_  
 Jersey # \_\_\_\_ Type of Injury: \_\_\_\_\_  
 Jersey # \_\_\_\_ Type of Injury: \_\_\_\_\_

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