Fall 2008

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

Metro United v. _____
(Your Team Name) (Opponent)

Date: __/__/__ Div: 7 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

			Cards		
		Jersey #	Yel.	Red	Injury
1	Asel, Angela				
2	Bolyog, Kathaleen				
3	Brandt, Lisa				
4	Broaddus, Mike				
5	Daniels, Kim				
6	Daniels, Tony				
7	Danziger, Dan				
8	Gantzer, kenneth				
9	Hess, Tom				
10	Kahura, Elizabeth				
11	Kilpatrick, Cynthia				
12	McDonald, Robert				
13	Mumford, Gary				
14	Mumford, Gina				
15	Mumford, Troy				
16	Nelson, Carolyn				
17	Nelson, Randa				
18	Patterson, Deanna				
19	Rodriguea, Juan				
20	Santos, Flavio				
21	Skinner, Ron				
22	Tull, Craig				
23					
24					
25					

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: _____
_____
_____
_____
_____
_____
_____
_____
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_____
_____
_____
_____
_____
_____

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