Fall 2008

North Texas Co-Ed Soccer Association

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

Red Devils v. _____

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	Condino, Jeffrey				
2	Condino, Samantha				
3	Condino, Sylvia				
4	Grado, Charles				
5	Grisoli, Bryce				
6	Grotowski, Sylvia				
7	Hazzard, Timothy				
8	Huizar, Alvino				
9	Kolias, Jeremy				
10	Kolias, Stephanie				
11	Longoria, Sabas				
12	Martinez, Evelyn				
13	Martinez, Stephanie				
14	Moroney, Julie				
15	Moroney, Mark				
16	Moroney, Patrick				
17	Powell, Catherine				
18	Powell, Cody				
19	Powell, Tyler				
20	Rousseau, Teresa				
21	Stubblefield, Amy				
22	Stubblefield, Kale				
23	Y'Barbo, Brent				
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:

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