

**Fall 2008**

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



John Austin Utd. vs. \_\_\_\_\_  
 (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**

|    | Jersey #             | Cards |     |  | Injury |
|----|----------------------|-------|-----|--|--------|
|    |                      | Yel.  | Red |  |        |
| 1  | Aarsen, Sarah        |       |     |  |        |
| 2  | Austin, John         |       |     |  |        |
| 3  | Burkhardt, Rick      |       |     |  |        |
| 4  | Callahan, Michael    |       |     |  |        |
| 5  | Cave, Sterling       |       |     |  |        |
| 6  | Cullum, Pamela       |       |     |  |        |
| 7  | DuFief, Robert       |       |     |  |        |
| 8  | Edgar, Corey         |       |     |  |        |
| 9  | Feltenberger, Amanda |       |     |  |        |
| 10 | Galovic, Mark        |       |     |  |        |
| 11 | Gardner, Caroline    |       |     |  |        |
| 12 | Hernandez, Guillermo |       |     |  |        |
| 13 | Kasper, Josh         |       |     |  |        |
| 14 | Koven, Louis         |       |     |  |        |
| 15 | Krivacic, Robin      |       |     |  |        |
| 16 | Liga, Lindsay        |       |     |  |        |
| 17 | Mckinney, Shannon    |       |     |  |        |
| 18 | Ondrey, Darren       |       |     |  |        |
| 19 | Osburn, Alison       |       |     |  |        |
| 20 | Rast, Jane           |       |     |  |        |
| 21 | Saalfield, Sarah     |       |     |  |        |
| 22 | Schacter, Mark       |       |     |  |        |
| 23 | Tovar, Carlos        |       |     |  |        |
| 24 | Wilson, Kristen      |       |     |  |        |

**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