GIRLS CLASSIC LEAGUE REFEREE EVALUATION



THIS COMPLETED REFEREE EVALUATION MUST BE SIGNED BY THE COACH AND EMAILED TO YOUR AGE GROUP COMMISSIONER OR STEPHANIE.CHERRY@GIRLSCLASSICLEAGUE.ORG

Your Team Name

Game #		G	ame Da	te:	Vei											
CHECK BOX: Referee:	1=Poor 5=Excellent		5	CHECK BOX:		1=Poor 5=Excellent				CHECK BOX: 1=Poor 5=Excellent AR2:						
Appearance*		3 	4 	5 	Appearance* Professionalism Positioning Impartiality Attitude	1 n	2 	3	4 	5 	Appearance* Professionalism Positioning Impartiality Attitude	1 		3	4 	5
Use of Lines Comments:											*Appearance inc pulled up; shirt					
											Coach Signa	ture:				