



Coach/Spectator Comment Form on Referee Performance Referee/Asst. Referee Performance

Game Date: _____ Scheduled Start Time: _____

Field: _____

Home Team: _____

Visiting Team _____

Age Level: U- _____

Score: _____

In Favor of: _____

Comments: (please indicate referee/assistant referee and name if known)

(Continue on back/attach additional pages, as required) Thank you for taking the time to share your comments. Return Form to:

Your relationship/affiliation with team: _____

How would you rate the "play of the match?" _____ Evenly Matched Teams

_____ Very Physical

_____ One-sided, in favor of _____

_____ Other _____

Signature: _____

Printed Name: _____

Phone: _____

(e-mail completed form to gm@edmondsoccer.com.)