

# NEBRASKA ASA STATE TOURNAMENT EVALUATION FORM

Tournament: \_\_\_\_\_ Site: \_\_\_\_\_

Date: \_\_\_\_\_ Team Name (Optional): \_\_\_\_\_

Name (Optional): \_\_\_\_\_ (Circle One)      Manager      ASA Rep      Trn.UIC

Please rate the following categories of tournament operation/organization. Your answers will be compiled into an over-all report on the tournament and host city. The NASA Board of Directors and the Tournament Awards Committee will review the report.

1.	Facilities & Playing Field	5	4	3	2	1	NA
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Comments: \_\_\_\_\_

2.	Organization & Administration	5	4	3	2	1	NA
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Comments: \_\_\_\_\_

3.	Umpiring	5	4	3	2	1	NA
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Comments: \_\_\_\_\_

4.	Concessions	5	4	3	2	1	NA
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Comments: \_\_\_\_\_

5.	Housing & Hotel	5	4	3	2	1	NA
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Comments: \_\_\_\_\_

6.	Managers Meeting or Check-In	5	4	3	2	1	NA
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Comments: \_\_\_\_\_

7.	Souvenirs	5	4	3	2	1	NA
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Comments: \_\_\_\_\_

8. Advancing - If your team qualified to advance to regional or national ASA competition and chose not to go, please state why \_\_\_\_\_

Additional Comments: \_\_\_\_\_

(Use reverse side if necessary)

Return this form as soon as possible to	Nebraska Softball Association,
Phone: 402-462-7100	4103 Osborne DR East
FAX: 402-461-3297	Hastings, NE 68901