

DIOCESE OF PROVIDENCE CATHOLIC ATHLETIC LEAGUE

BASKETBALL

GAME EVALUATION SHEET

We ask coaches, referees, scorers, timers, and gym supervisors to fill in this form whenever you like, but especially if there is a problem! **Please email to your league Athletic Director (Steve, Eddie) and Jo-Ann Angell.**

DATE: _____ GAME TIME: _____ GYM _____

GAME: VISITOR _____ HOME _____

BEHAVIOR OF HOME TEAM:

_____ excellent _____ good _____ fair _____ poor

BEHAVIOR OF HOME TEAM'S COACH:

_____ excellent _____ good _____ fair _____ poor

BEHAVIOR OF VISITING TEAM:

_____ excellent _____ good _____ fair _____ poor

BEHAVIOR OF VISITING TEAM'S COACH:

_____ excellent _____ good _____ fair _____ poor

PERFORMANCE OF OFFICIAL: name: _____

_____ excellent _____ good _____ fair _____ poor

PERFORMANCE OF OFFICIAL: name: _____

_____ excellent _____ good _____ fair _____ poor

WAS ANYONE EJECTED FROM THE GAME? _____ YES _____ NO

IF YES, NAME: _____ UNIFORM # _____ TEAM: _____

PLEASE DESCRIBE INCIDENT: (Use reverse side if necessary)

SIGNATURE: _____ TEAM: _____

PHONE: HOME _____ CELL _____