

Team Manager-Referee Comment Form

Please make any comments you may have regarding the referees during your game today.
 Return this form to S.U.A.S.L. by faxing it to (480) 451-1247 or mail it to SUASL 7119 East Shea Blvd.
 109-486 AZ 85254. If you have any questions, please feel free to contact S.U.A.S.L. at (480) 391-3477.

Captain Name:		Team Name:			
Game Date:	Time:	Division:			
<u>Center Referee:</u> Name _____					
<u>Performance Surve</u>	Very Poor	Below Average	Average Fair	Good	Excellent
Overall Game Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control of Game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proximity to Play/Field Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Communication w/Teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: Unnecessary Remarks	<input type="checkbox"/>	Lack of Safety	<input type="checkbox"/>	Lack of Calls	<input type="checkbox"/>
Allow Players to Call Game	<input type="checkbox"/>	Failed to Acknowledge Linesmen Call	<input type="checkbox"/>		
Allow Abusive Language	<input type="checkbox"/>	Allow Too Much Talk	<input type="checkbox"/>		

<u>Linesman 1:</u> Name _____					
<u>Performance Surve</u>	Very Poor	Below Average	Average Fair	Good	Excellent
Overall Game Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offside Calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foul Calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substitution Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Linesman 2: Name _____

Performance Surve

	Very Poor	Below Average	Average Fair	Good	Excellent
Overall Game Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offside Calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foul Calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substitution Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: