

BAY AREA WOMEN'S SOCCER LEAGUE

GAME EVALUATION / PERFORMANCE REPORT:

Division: 1 2 3 4 5 (highlight one) **Date** ___/___/20__

Team Name: _____ Coach/Manager's Name: _____

Opponent's Team Name: _____ Field: _____

Game Time: _____

Score _____ to _____

Name of Referees:

Field Position:

1 _____ / _____

2 _____ / _____

3 _____ / _____

OFFICIALS:

V Good

Good

Average

Bad*

Relation with Players and Sideline

Knowledge of BAWSL and FIFA rules

Physical ability and field positioning

Impartial application of rules

Consistent in application of rules

OPPONENT:

YES

NO*

Did Coach/Captain/Manager keep players under control?

Did Sideline/Players demonstrate good sportsmanship?

Were players disrespectful of opponents or officials?

Provide explanation for BAD* / NO

Any other game comments:

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PLEASE COMPLETE THIS FORM AND EMAIL IT TO YOUR DIVISION COORDINATOR at league-liaison@bawsl.com