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