

GREENHAVEN SOCCER CLUB

COACH'S REFEREE EVALUATION

Date of Game _____ Time of Game _____ Field _____ Level _____

Home Team _____

Visiting Team _____

REFEREE

Professional Appearance & Manner	yes	no
Appeared physically fit throughout	yes	no
Consistent decision making	yes	no
Penalized tackles from behind	yes	no
Use of advantage	yes	no
Use of caution/ejection	yes	no
Proper estimation of 10 yards	yes	no
Dealt with encroachment	yes	no
Dealt with dissent	yes	no
Dealt with time wasting	yes	no

Rating (10 highest – 1 lowest) _____

ASSISTANT REFEREE (BENCH SIDE)

Kept up with second to last defender	yes	no
Cognizant of play around him/her	yes	no

ASSISTANT REFEREE (FAR SIDE)

yes	no
yes	no

COMMENTS:

NAME OF COACH _____

Please send to David Simmons Fax 209-7440401 Email: redcard69@hotmail.com **OR** turn in with your game card