

FALL 2011

North Texas Co-Ed Soccer Association
Game (Referee) Evaluation / Insurance Report



FC Texas VS _____
(Your Team Name) (Opponent)

Date: __/__/__ Div: 5 Field: _____

Winning Team: _____ Score: ____ to ____

Coaches' Signature: _____

Opponent's Signature: _____

1 year suspension for illegal players being added.

NO HAND WRITTEN NAMES

NO HAND WRITTEN NAMES			Cards			
	√		Jersey #	Yel.	Red	Injury
1		Allbritton, Jennifer				
2		Burnley, Colin				
3		Buschkewitz, Mark				
4		Craft, Destiny				
5		Lepsic, Kirby				
6		Masood, Jared				
7		McFall, Jennifer				
8		Pittman, Terry				
9		Raff, Daniel				
10		Raff, Kevin				
11		Redmond, Sarah				
12		Reyna, Jeremy				
13		Reyna, Steven				
14		Rodriquez, Molly				
15		Schoepf, Alex				
16		Thompson, Jason				
17		Todd, Kimberly				
18		Urquhart, Cary				
19		York, Carly				
20						
21						
22						
23						
24						

NO HAND WRITTEN NAMES

Were referees ready to start the game on time? Y N

Did referees call you to mid-field prior to game time?

Yes _____ No _____ If not, when? _____

Did your game start on time? Yes ___ No ___

Were both Assistant referees present? Yes ___ No ___

One point will be deducted from your standings if this form is not rec'd in the Co-Ed Office before noon on Tuesday following the game, and an additional one point deducted every week this (insurance) report is not received. An additional point will be deducted if the team does not phone their game results into their Commissioner the day following the game.

631 Tumbleweed Court, Plano, TX 75023

Game / Referee Evaluation Report

(Captains have discipline reports to give to you at every game)

Referee's Name: _____

PLEASE PRINT

A/R #1: _____ A/R #2: _____

PLEASE PRINT

PLEASE PRINT

Reporting Team's Score: ____ Opponent's Score: ____

Injury Report

Jersey # _____ Type of Injury: _____

Jersey # _____ Type of Injury: _____

Jersey # _____ Type of Injury: _____

Jersey # _____ Type of Injury: _____

Referee's Signature: _____

Referee Evaluation by team Captain, please circle one for each:

Referee: (poor) 1 2 3 4 5 6 7 8 9 10 (excellent)

AR# 1: 1 2 3 4 5 6 7 8 9 10 AR# 2: 1 2 3 4 5 6 7 8 9 10

If you rated the Referee 8, 9 or 10, please tell us why.

Comments:

Comments continued on 2nd page:: Yes ___ No ___

If forms are not sent to the Co-Ed Office,
your team will not be eligible for the
Divisional Championship

Fax: 214-440-2073

League Line: 972-738-9696 4, Then Div # 5