

SPRING 2011

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



USA VS _____
(Your Team Name) (Opponent)

Date: ___/___/___ Div: O30A Field: _____

Winning Team: _____ Score: ___ to ___

Coaches' Signature: _____

Opponent's Signature: _____

1 year suspension for illegal players being added.

NO HAND WRITTEN NAMES

| | | Jersey # | Cards | | Injury |
|-------------------------------------|-------------------|----------|-------|-----|--------|
| <input checked="" type="checkbox"/> | Name | | Yel. | Red | |
| 1 | Adrian, Ian | | | | |
| 2 | Adrian, Janet | | | | |
| 3 | Briggs, Chris | | | | |
| 4 | Briggs, Meredith | | | | |
| 5 | Clary, Danielle | | | | |
| 6 | Clary, Scott | | | | |
| 7 | Covey, Mitchell | | | | |
| 8 | Ford, Heather | | | | |
| 9 | Fohnston, Anneke | | | | |
| 10 | Johnston, Billy | | | | |
| 11 | Lill, Terry | | | | |
| 12 | Miller, Jonathan | | | | |
| 13 | Oehrlein, Joyce | | | | |
| 14 | Overton, Aaron | | | | |
| 15 | Overton, Nicole | | | | |
| 16 | Ray, Alan | | | | |
| 17 | Ray, Sharon | | | | |
| 18 | Stalder, Kimberly | | | | |
| 19 | Taylor, John | | | | |
| 20 | Wildeman, Travis | | | | |
| 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 # 9