



GAME EVALUATION FORM

Fill in one sheet for every game and return to the Newmarket Soccer Club Office

Game Information

Date of Game: _____ Time of Game: _____

Field Location: _____

Girls Boys Home Team: _____ Final Score: _____

Age Group: _____ Visiting Team: _____ Final Score: _____

Referee Review

Referee Name: _____ Time Referee arrived at field: _____

Did referee have proper uniform on? Yes No Do not know

Did referee check the field conditions? Yes No Do not know

Did referee officiate to the ability of the players? Yes No Do not know

Did referee keep up with the flow of the game? Yes No Do not know

Did referee use their whistle properly? Yes No Do not know

Did referee hesitate/be confused on foul infractions? Yes No Do not know

Were there any game delays due to referee? Yes No Do not know

Game Dynamics

Did coaching team on either side display disrespect for the referee/players? No Yes (provide details)

Did any players on either side display disrespect for the referee/players? No Yes (provide details)

Did any spectators display disrespect for the referee/players? No Yes (provide details)

Did the players on home team appear to have equal playing time? Yes No (provide details)

Did the players on visiting team appear to have equal playing time? Yes No (provide details)

Were there any other conditions that affected the spirit of the game? No Yes (provide details)

Contact Information (who are you?)

Name: _____ Coach of Home team Coach of Visiting team

Telephone: _____ Convener Club Staff or Official

E-mail: _____ Other (specify) _____

Provide additional details or other comments on backside of form ⇨

Office Use Only

Copies sent to: Director of Officiating Director of Division Discipline Chair President

CONFIDENTIAL WHEN COMPLETED

