Referee Evaluation Form

Coach:_____ Team:_____ Age Group: _____

Date:_____ Name of Referee: _____

Category	Rating			
Field Position	E	G	F	P
Consistent Calls	E	G	F	P
Clear Signals	E	G	F	P
Game Control	E	G	F	P

Rating - Circle the Appropriate Choice
E = Excellent G = Good
F = Fair P = Poor

Name of Red Asst. Referee:				
Category	Rating			
Attentiveness	E	G	F	P
Game Control	E	G	F	P

Name of Yellow Asst. Referee:				
Category	Rating			
Attentiveness	E	G	F	P
Game Control	E	G	F	P

Add any additional information or comments to the reverse side and take to the concession stand or mail to: GSA, PO Box 210, Lilburn, GA 30048.

Detach Here

Gwinnett Soccer Association, Inc.
Referee Game Card

Team: _____ Jersey Color: _____

Coach: _____ Age Group: _____

Player Nr	Player's Name	1st Half	2nd Half
Substitutes:			

Referee's Report

Date: _____ Field: _____

Scheduled Start Time: _____

Actual Start Time: _____

Team Kicking Off: _____

Weather: Good Fair Poor Unplayable

Field Condition: Good Fair Poor Unplayable

Winning Team: _____

Final Score: _____ to _____

_____

Referee Signature

Use Reverse Side for additional comments, remarks or reports.