



## REFEREE EVALUATION FORM

Name of person filling in form: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Club: \_\_\_\_\_

Role in Club (Manager/Coach/Secretary/President): \_\_\_\_\_

Date of Game: \_\_\_\_\_ Division: \_\_\_\_\_

Teams: \_\_\_\_\_ V \_\_\_\_\_

Please rate the Referees performance from 1-5 (with 5 being highest): \_\_\_\_\_

If Referee receives a score of 3 or lower then comments must be provided below.....

*Thank you for your evaluation*