



2009 REFEREE EVALUATION

DATE OF GAME: _____

HOME TEAM: _____ **VISITOR TEAM:** _____

DIVISION OF PLAY: **D1 D2 D3**

LEVEL OF PLAY: **TM MM JPW PW JM M UNL**

GAME SCORE: **HOME:** _____ **VISITOR:** _____

REFEREE: _____

LINESMAN 1: _____

LINESMAN 2: _____

Please rate the Officials 1 thru 5. 1 = Unsatisfactory, 5 = Excellent

Rules Knowledge: **1 2 3 4 5**

Pop Warner Rules Knowledge: **1 2 3 4 5**

Referee Appearance: **1 2 3 4 5**

Mechanics: **1 2 3 4 5**

Game Management: **1 2 3 4 5**

Comments: _____

All Evaluations must be completed and faxed to 847-534-6238 no later than 10:00 AM Tuesday morning.