

Bill George Youth Football REFEREE'S EVALUATION

Referee's Name: _____

Date of Game: _____ Location of Game: _____

Home Team: _____ Visiting Team: _____

Final Score: _____ Time Referee arrival at Game: _____

| | Excellent | Good | Average | Fair | Poor |
|-------------------------|-----------|------|---------|------|------|
| Uniform & Appearance | | | | | |
| Physical Condition | | | | | |
| Attitude Prior to Game | | | | | |
| Attitude after Game | | | | | |
| Hustle | | | | | |
| Motivation | | | | | |
| Explaining Infractions | | | | | |
| Attitude toward Players | | | | | |
| Attitude toward Coaches | | | | | |
| Overall Performance | | | | | |

Was anyone ejected from game? YES NO

IF YES, EXPLAIN: _____

Email Completed Form to: refs@bgyfl.info

Name of Evaluator: _____

Town: _____ **Phone:** () _____