

# SoccerPlex

## Referee Evaluation

Game Time \_\_\_\_\_ Game Date \_\_\_\_\_

Referee Name (if known) \_\_\_\_\_

\_\_\_\_\_ vs \_\_\_\_\_  
Team 1 Team 2

Please rate each 1-5 (5 being Excellent)

	1	2	3	4	5
Professional Attire					
Control of Game					
Knowledge of Rules					
Manners					
Use of whistle					
Consistency/fairness of calls					
Use of Advantage rule					
Fitness/move up & down field with play					

**Overall rating** \_\_\_\_\_

Additional Comments

Thank you for taking the time to submit the referee evaluation form.  
If you would like us to contact you please provide you contact info.

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_