



SOFTBALL UMPIRE EVALUATION FORM



LEAGUE #: _____ YEAR: _____ TEAM NAME: _____ MANAGER: _____ PHONE: (____) _____

RATING KEY: 5 Superior -- 4 Good -- 3 Average -- 2 Fair -- 1 Poor* CIRCLE DIVISION: Open Co-Rec Women CIRCLE LEVEL: B+ B C+ C

| GAME # | GAME DATE | PRE-GAME MEETING w/ Managers | HUSTLE | APPLICATION OF RULES | PUNCTUAL | GAME CONTROL | JUDGMENT | ATTITUDE | APPEARANCE | SATISFACTORY | |
|--------|-----------|------------------------------|--------|----------------------|----------|--------------|----------|----------|------------|--------------|-----|
| | | | | | | | | | | YES | NO* |
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Please Mail (Valley Sports Office, 6911 Laurelgrove Ave., NH 91605) or Fax (818-764-5794) after season or throughout season.

* Please Call (818-765-0284) or E-mail (valmunisports@rap.lacity.org) the Sports Office ASAP on Poor Ratings or Unsatisfactory Umpires.

COMMENTS, SUGGESTIONS, QUESTIONS:
