



SUBURBAN COUNTIES SOCCER LEAGUE

Referee Evaluation Card

Email to Ron Miller by 12:00 PM Monday After Game

**Notes: Do not send this report if game was not played
If game was played you must send in this report.**

Game Date: _____

Site of Game: _____

Age Group: _____ **SCSL Game #:** _____

Home Team: _____ **Final Score:** _____

Away Team: _____ **Final Score:** _____

Scheduled Start of Game: _____ **Actual Start of Game:** _____

Referee Ratings: 5=Excellent 4=Good 3=Average 2=Fair 1=Poor

Appearance: _____ **Yes or No** (Was Referee wearing:

Soccer Shirt – Tucked in, Current Badge, Black Shorts and long black socks or long pants

If no, please specify _____

Knowledge / Application of the rules: _____

Ability to gain respect through fairness, personality & performance: _____

Game control: _____

Impartiality: _____

Team: _____

Additional comments or questions on referee or game: _____

e-mail to Ron Miller, SCSL Soccer Referee Assignor:
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