Empire Amateur Hockey Conference

ESL SPORTS COMPLEX
2700 BRIGHTON-HENRIETTA TOWNLINE ROAD
ROCHESTER, N.Y. 14623

ICE HOCKEY OFFICIALS EVALUATION FORM

Game Date: _____ Game Time: _____

Home Team_____ (Score: _____)

Visiting Team_____ (Score: _____)

Level (Circle One): MITE A/B SQUIRT A/B PEE WEE A/B BANTAM A/B MIDGET A\B

Your objective evaluations are requested. Please submit your explanatory comments for each rating factor. Additional comments are encouraged. Please complete both sides of this form. Use additional space if necessary.

Game Officials

(Please Print Name And Number)

Referee_____

Linesman: _____

Linesman: _____

Rating Factors

(Please identify which official you are evaluating)

Appearance and Attitude: _____

Skating Ability: _____

Mechanics and Positioning: _____

Knowledge of Rules/Judgment: _____

Overall Performance: _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Additional Comments

Submitted By:

(This Section MUST be Completed to be Processed)

Name:_____

Address: _____

City/State/Zip:_____

Telephone: (_____)_____

Your are a (Circle One) Coach Team Official

Your Youth Hockey Organization:

_____

Empire Amateur Hockey Conference
TJH/
Rev. 11/95

PLEASE COMPLETE BOTH SIDES OF THIS FORM