

Putnam Hockey Association

TRYOUT EVALUATION FORM



Player Name	Position	Div / Year	Jersey #	Forward Skating	Backward Skating	Passing	Positioning/ Game Sense	Skating Agility	Puck Handling	Shooting	Goaltending	
												Rank All Skills Between 1 and 5 1=Not Evident 2=Needs Improvement 3-Average 4-Above Average 5=Excellent

Prepared by: _____
 Date: _____