Tri-County Soc	cer League O-40 Division Manager's Game Report
Game Date: _	Game Location:
	Manager:
Opponent:	Score: You: Opponent:
Referee's Name	:
	on scale of 1 - 5 (5 is highest):
A B C	Attitude: Control of the Game: Knowledge of Rules: Overall Perfomance: Comment:  Did the Referee show a firm but fair attitude towards both teams How well did he control physical play & verbal dissent? Did he know & properly administer the rules? Taking into account the entire game, rate his overall performance.
Regarding you	r opponent-
If	your opponent was the home team, was the field properly prepared for the game?
	Goals & nets in place? Yes: No
	Grass cut? Yes: No
	Comment:
S	portsmenship:
	Physical Play: Generally OK: Overly Aggressive: Out of Control:
	Comment:
	Verbal Conduct:  Any threats or taunting?  Excessive swearing?  Excessive dissent with Ref?
	Comment:
	Are there specific players that you want to comment on? Please supply name or Jersey Number
Any other com	ments, positive or critical, you care to make?