



CLUB DIVISION - PLAYER EVALUATION

Name of player being evaluated: _____

Name of current team: _____

Contact Number and Email of player: ____ (_____) _____ email: _____

POSITION: _____

	EXCELLENT 10-9	VERY GOOD 8-7	GOOD 6-5	AVERAGE 4-3	FAIR 2-1	POOR 0-1
Attitude						
Stickwork						
Agility						
Speed						
Strength						
Quickness						
Ground balls						
Offensive skill						
Defensive ability 1v1 / team D						
Transition						

Comments: _____

SUGGESTED Regional Team **1** **2** **3** **4** **5**

Signature of evaluator: _____

Printed name of evaluator: _____

Title of evaluator: _____

Contact number of evaluator: ____ (_____) _____

FAX TO: Regional Selection Chairperson: _____

Number: _____

DEADLINE: APRIL 30, 2004