



## REGIONAL CLUB DIVISION PLAYER EVALUATION

Application deadline: postmarked by APRIL 20, 2007

\*\*FAX, MAIL or E-MAIL EVALUATION FORM TO REGIONAL SELECTION CHAIR  
(Visit [www.uslacrosse.org](http://www.uslacrosse.org) for regional contact information.)

Name of player being evaluated: \_\_\_\_\_

Name of player's current team: \_\_\_\_\_

City/State/Region where current team resides: \_\_\_\_\_

Player's Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Position(s): A M D GK \_\_\_\_\_

Evaluator/ Coaches Name \_\_\_\_\_ Title \_\_\_\_\_

Evaluator's Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Player Evaluation (Check one rating per skill)

	Excellent	Very Good	Good	Average	Needs improvement	Poor
Attitude						
Stick work						
Agility						
Speed						
Strength						
Quickness						
Ground balls						
Offensive skills						
Defensive ability (1v1/ team defense)						
Transition						

Please Circle One: 1) Starter/Impact player      2) Starter/Role Player  
3) Sees significant playing time/ Key Reserve      4) Plays some      5) Plays little/none

**Comments** (Information that may help the selection chair in placing this player on the appropriate team):

\_\_\_\_\_

\_\_\_\_\_

**Evaluator/Coaches signature** \_\_\_\_\_ **Date** \_\_\_\_\_