



CLUB DIVISION PLAYER EVALUATION

Application deadline: postmarked by May 5, 2006

****FAX, MAIL or E-MAIL EVALUATION FORM TO REGIONAL SELECTION CHAIR**

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						

Comments:

SUGGESTED regional team: 1 2 3 4 5

Evaluator/Coaches signature _____ Date _____

MAIL TO REGIONAL SELECTION CHAIRPERSON BY APRIL 20, 2006 with \$75 No-show Fee