



UMPIRE-IN-CHIEF EVALUATION FORM

TOURNAMENT (INCLUDE DIVISION & CLASSIFICATION OF PLAY)

TOURNAMENT SITE

TOURNAMENT DATE

PLEASE ASSIGN EACH QUESTION A POINT VALUE: (9-10) EXCELLENT, (7-8) GOOD, (5-6) AVERAGE, (3-4) POOR, (1-2) UNACCEPTABLE. A RATING LESS THAN VERY GOOD REQUIRES COMMENTS.

| CATEGORIES: | COMMENTS: | POINTS: |
|---|-----------|---------|
| 1. CHAMPIONSHIP DIRECTOR COOPERATION Cooperation before and during the Championship | | |
| 2. CHAMPIONSHIP ORGANIZATION AND ADMINISTRATION Available/Approachable | | |
| 3. UMPIRE HOUSING Location, Available, Quality | | |
| 4. MANAGERS MEETING AND CLINIC LOCATION Location Organization, Informative, Room Size | | |
| 5. LOCAL TRANSPORTATION Available, Reliable, Cooperation w/ Umpires | | |
| 6. PLAYING FACILITIES Maintenance, Quality, Lights, Availability, Watering, Number of Fields | | |
| 7. DRESSING FACILITIES & UIC EVALUATION AREA Size, Clean, Equipment Storage, Location | | |
| 8. GAME SCHEDULING & SCOREKEEPERS Time allotted, Flow, Available, Knowledgeable | | |
| 9. UMPIRE COORDINATOR Communication, Cooperation | | |
| 10. SECURITY AND MEDICAL STAFF Available within five miles | | |

TOTAL:

UMPIRE PROBLEMS WITH PLAYERS/TEAMS

GENERAL COMMENTS/RECOMMENDATIONS

THE TOURNAMENT UIC MUST:

1. Leave a copy of this document with the Tournament Director.
2. Send a copy to the Membership Services department and the Director of Umpires within 3-5 days and include copy of final Championship Report.

USA SOFTBALL REP SIGNATURE

DATE