



CITY OF BROTHERLY LOVE SOFTBALL LEAGUE UMPIRE EVALUATION FORM

NOTE: Evaluations are to be submitted no later than one week **AFTER** the played game.

Home Team: _____
Visiting Team: _____
Date/Time of game: _____
Field Number: _____
Name of umpire: _____

Assign an overall rating for each umpire based on the following scale:
5=Excellent 4=Very Good 3=Good 2=Fair 1=Poor

Overall Rating: _____

Comments: _____

Did the umpires arrive on time? Y N

Had command of ASA and league rules (1-5):

Demonstrated proper attitude (1-5):

Consistency of Strike Zone (1-5):

Hustled and was in position to make calls (1-5):

Seemed to be focused into the game (1-5):

Made proper calls (1-5):

Carefully observed game time (1-5):