



Scorekeeper Game Report



Facility/Official Evaluation

SPORT (circle): BASKETBALL VOLLEYBALL

LEAGUE #: _____ **Men's** **Women's** **DIVISION:** B B+ C C+

DAY OF GAME: Mon Tue Wed Thu **DATE OF GAME:** ____/____/____

SCOREKEEPER: _____ **LEAGUE REP ON SITE:** Y N _____

GAME SITE: _____

FLOORS: Clean Slick Dirty Needs improvement _____

BACKBOARDS: Good Condition Dirty Needs improvement _____

NETS/RIMS: None Torn Dirty Bent Needs improvement _____

SCORECLOCK: Good Condition Problems Describe _____

FACILITY: Opened Late Previous Activity late to exit How late? _____

FACILITY STAFF:

Friendliness: Excellent Above Average Average Needs improvement _____

Helpfulness: Excellent Above Average Average Needs improvement _____

Comments: _____

OFFICIAL'S NAME: _____

HUSTLE: Excellent Above Average Average Needs improvement _____

ATTITUDE: Excellent Above Average Average Needs improvement _____

APPEARANCE: Excellent Above Average Average Needs improvement _____

CONSISTENCY: Excellent Above Average Average Needs improvement _____

PROFESSIONALISM: Excellent Above Average Average Needs improvement _____

Comments: _____

OFFICIAL'S NAME: _____

HUSTLE: Excellent Above Average Average Needs improvement _____

ATTITUDE: Excellent Above Average Average Needs improvement _____

APPEARANCE: Excellent Above Average Average Needs improvement _____

CONSISTENCY: Excellent Above Average Average Needs improvement _____

PROFESSIONALISM: Excellent Above Average Average Needs improvement _____

Comments: _____

REMEMBER: You must fax or walk-in report before 9:00 am the next business day FAX: (818) 764-5794