

# BOYS SOCCER REFEREE RATING FORM

**Please Fax to:** Todd Marquardt Soccer Chairman's office **716- 874-8570** before **Oct. 10, 2017**  
**Or Email:** [tmarquardt@ktufsd.org](mailto:tmarquardt@ktufsd.org) **Print Clearly Please**

**School:** \_\_\_\_\_ **s** **Coach:** \_\_\_\_\_

Please list the referees that you have had this year and complete the information on each one.

	Date	Referee Name	3 Best	2 Better	1 Okay	0	W or L	Yellow Cards	Red Cards
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									

You may list 3 official(s) that you do not want assigned to your Sectional Games:

1	
2	
3	