

Umpire Assessment Form
Toronto & District Cricket Association 2010 Season

Date(s) _____

Match _____ v _____

Played at _____ Match # _____

Result _____

Umpire (1) _____ Umpire (2) _____

Please rank the following for each umpire on a scale of 1 – 10, where 1 is very poor and 10 is exceptional

	Umpire 1	Umpire 2
Punctuality		
Appearance / Dress		
Organization		
Interaction with Players		
Knowledge of Rules		
Clarity of decisions		
Interaction with each other		
Interaction with other game officials (Scorer)		
Contributed to enjoyment of the game		
Other Comments:		

Captain's Signature _____ Captain's Name _____

Please fax the completed form to the umpires liaison within 48 hours (fax# 647-367-0978)