

R.P. AYSO REGION 1206			DIVISION:				TEAM NAME:				COACH:			
PLAYER EVALUATION			AGE	YRS Soccer	SPEED	POTENTIAL	ATTITUDE	GK	POSITIONS				OVERALL RATING	What Clinics have you completed. Coach Safe Haven() Referee Course(s) () U-6() U-8() U-10() U-12() Int. Coach ()
PLAYER'S NAME (Last, First)		Jersey No.							As of July 31 2009	All ratings are from 1 (lowest) to 9 (highest)				
Please list players last names in alphabetical order.					(1-9)	(1-9)	(1-9)	(1-9)		Where	Rating	Where	Rating	(1-9)
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														

Fall 2009/Spring 2010

Coaches & asst. coaches shall rate the players, not parents or players. Complete this form online at www.rpayso.org or turn in/email to your division manager by 5/16.