



LAS VEGAS ADULT BASEBALL 2011 UMPIRE EVALUATION FORM

Today's Date: _____ Date of Game: _____

Manager's Name: _____

Team Name: _____

Opposing Team: _____

Location of Game: _____

Name of Umpire(s) (If Known): _____

On a scale of 1-5, 5 being best please rate the umpires on the following:

Appearance Knowledge of Rules Professionalism Timing/Punctuality Mechanics

For additional comments and/or complaints please use reverse side of this form.

Signature of Manager

Date

*****Please be sure to make two (2) copies of this form – One for your records and one to be forwarded to the League.**