



FIRSTS BASKETBALL REPORT ON REFEREES

Date _____

Schools _____ v _____

Referees Names										
Punctuality	On Time			Late (.....min.)		On Time			Late (.....min.)	
Attire	Correct			Incorrect		Correct			Incorrect	
Application of AGSV Rules	Good		Fair		Poor	Good		Fair		Poor
Overall Rating	5	4	3	2	1	5	4	3	2	1

Comments:

Best Players:

Number	Name
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- 1 _____
- 2 _____
- 3 _____
- 4 _____

Names and / or numbers of outstanding opposition players:

Signed _____ (Coach) School _____

To be faxed to AGSV Office on Monday (Fax: 9428 1962)

