

TOURNAMENT DIRECTOR'S REPORT FORM ON DAY OFFICIAL

PUGET SOUND REGION

Day Official's name (please print)

Event Date _____ Event Site _____ Event Type _____ W (A), M (BB), U16

Tournament Director - Rate each item with a check mark for quality and make comments.

Tournament Control	Good	Fair	Poor	Comments
Safe				
Fair				
Matches Move Along				
Communication				
Knowledge				
Appropriate to level of play				

Attitude	Good	Fair	Poor	Comments
Cooperative Spirit				
Impartial				
Approachable				
Confident				
Appropriate to level of play				

Professionalism	Good	Fair	Poor	Comments
Appearance				
Timeliness				
Organization				
Poise				
Completion of duties				

Use back for General Comments

TOURNAMENT DIRECTOR _____

SIGNATURE _____ DATE _____

This form must be turned in to the PUGET SOUND REGION AT THE END OF THE TOURNAMENT.