

NORTHWEST DISTRICT ATHLETIC BOARD

Ohio High School Athletic Association

Tournament Evaluation

(Circle All That Apply)

Sport: <u>Fall</u> Boys Cross Country Girls Cross Country Boys Golf Girls Golf Boys Soccer Girls Soccer Girls Tennis Volleyball	<u>Winter</u> Boys Basketball Girls Basketball Bowling Gymnastics Boys Swimming Girls Swimming Wrestling	<u>Spring</u> Baseball Softball Boys Tennis Boys Track Girls Track
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Division: I II III IV Sectional District

Site Location: _____ **Manager** _____

Ratings: **Excellent....Very Pleased – Well Done**
Good.....Little or No Immediate Change Necessary
Fair.....Changes/Improvements Recommended
Poor.....Unacceptable – Changes Needed
N/A.....Not Applicable

CHECK APPROPRIATE BOX	EXCELLENT	GOOD	FAIR	POOR	N/A
Pre Tournament Information					
Drawing/Seed Meeting					
Locker Rooms					
Playing Facilities					
Crowd Control					
Overall Tournament Operation					

Comments: (If more space is needed use other side or attach extra sheet)

School _____

Principal _____

Coach _____

Athletic Director _____

Return Evaluation To:

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