BUFFALO GROVE PARK DISTRICT

Umpire Evaluation Form

Your Name:_____ Your Team:_____

Day:_____ Time:_____ Field:_____

Was the umpire on time?	Yes ◯	No ◯
Did they HUSTLE on every play?	Yes ◯	No ◯
Were the calls fair and unbiased?	Yes ◯	No ◯
Were they rude?	Yes ◯	No ◯

If you have any additional comments regarding the umpire or our program, please use the space below.

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