

2005-2006
IOWA COMMUNITY COLLEGE ATHLETIC CONFERENCE
SPORTSMANSHIP EVALUATION FORM

DATE: _____

HOST SITE: _____

HOME TEAM: _____

VISITING TEAM: _____

SPORT: _____

RATING SCALE:

Excellent (5)

Good (4)

Satisfactory (3)

Fair (2)

Poor (1)

HOME TEAM COACHING STAFF: _____

HOME TEAM PLAYERS: _____

VISITING TEAM COACHING STAFF: _____

VISITING TEAM PLAYERS: _____

FANS: _____

Please comment, on reverse side, on any ratings below satisfactory.

REFEREE/CREW CHIEF SIGNATURE: _____ **DATE:** _____

Please fax to Thom McDonald at 515.233.3517 or e-mail it to iccac@iccac.org