

**CHESTERFIELD BASEBALL CLUBS
P.O. BOX 5477
MIDLOTHIAN, VA 23112**

MANAGER EVALUATION FORM

DATE: _____

LEAGUE: (PINTO, MUSTANG, ETC.) _____

HOME TEAM: _____

HOME TEAM MANAGER: _____

LOCATION / FIELD #: _____

GAME TIME: _____

WINNING TEAM: _____

HOME PLATE UMPIRE: _____

FIELD UMPIRE: _____

SPECIFIC DETAILS: _____

PLEASE USE BACK OF THIS FORM FOR ADDITIONAL COMMENTS.

UMPIRE

PLEASE USE THIS FORM FOR BOTH POSITIVE AND NEGATIVE COMMENTS. THIS FORM MAY BE TURNED IN TO THE CONCESSION STAND OR MAILED THE THE ADDRESS AT THE TOP OF THE PAGE. YOUR COMMENTS ARE IMPORTANT AND MAY BE USED FOR THE SELECTION OF UMPIRES FOR POST SEASON PLAY.

YOUR COMMENTS ARE APPRECIATED