

**AYSO REGION 290  
PLAYER EVALUATION FORM**

Team Name: \_\_\_\_\_ Coach: \_\_\_\_\_

**Division** (please circle): U8 U10 U12 U14 **Gender:** Boys Girls

Please return to your Division Representative \_\_\_\_\_

**NEED PLAYER FIRST and LAST NAMES!!**

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Please circle positions and ratings. These forms are confidential are NOT to be shared with the players. Nominate players who are potential all-star candidates. All-Star meetings will be conducted with Division Representative.

**PLAYER:** (F) \_\_\_\_\_ (L) \_\_\_\_\_ **RATING:** A B C C >

**ALL-STAR Candidate:** Yes [ ] No [ ] **POSITION:** F M D GK

Comments: \_\_\_\_\_

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