



CAPTAINS ASSESSMENT FORM ON UMPIRES

This form should be completed and signed by the Captains of each team, and by no other person, and then submitted to David Steel in the envelope provided by the League, along with the Result Sheet.

Umpire`s Name _____ **Number** _____

Date _____ **Match** _____

The above information should be completed by the Umpire before the form is handed to the Captain.

a) Positioning during the Match	1	2	3	4	5	6	7	8	9	10
b) Calls and Signals	1	2	3	4	5	6	7	8	9	10
c) Application of the Laws	1	2	3	4	5	6	7	8	9	10
d) Rapport with the Players	1	2	3	4	5	6	7	8	9	10
e) Coping with pressure (if applicable)	1	2	3	4	5	6	7	8	9	10
Overall Standard of Umpiring	1	2	3	4	5	6	7	8	9	10

CAPTAINS - PLEASE NOTE THAT ANY MARK YOU AWARD OF 4 OR BELOW REQUIRES EXPLANATION.

ALSO, PLEASE BE AWARE THAT, IF YOU COMMENT UNDER CATEGORY (C) ABOVE, YOU WILL NEED TO QUOTE THE APPROPRIATE NUMBER OF THE LAW FROM THE 2000 CODE IN YOUR COMMENTS.

Signed _____ Captain _____ CC

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League President	Mr N.Holroyd	70 Rufford Avenue, Yeadon LS19 7QR	0113-250-5206
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Hon Asst Sec External Comps	Mr L.M.Walker	25 The Lilacs, Guiseley LS20 9ER	01943-876389
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Hon Asst Sec Umpires Appts	Mr M.Hibbert	13 Plane Tree Grove, Yeadon LS19 7AR	0113-250-6120