



Evaluation Form / 2010

Division: U-9___ U-11___ U-13___ U-15___ **Team Name:**_____

Head Coach:_____ **Assistant Coach:**_____

1. Did your son enjoy the season? Yes _____ No _____
2. Did your son improve his lacrosse skills? Yes _____ No _____
3. Does your son plan on playing next year? Yes _____ No _____
4. How would you rate your experience with CYLAX this year? 1 = not satisfied, 10 = highly satisfied: (Circle) 1 2 3 4 5 6 7 8 9 10

Comments/Suggestions:_____

Coaches Evaluation:

Head Assistant

1. Was sportsmanship and conduct emphasized as an important part of the game? _____
2. Was your coach knowledgeable about the skills at this level? _____
3. Was your coach knowledgeable about position specific skills? _____
4. Was your coach organized for practices and games? _____

Comments/ Suggestions:_____

League Evaluation:

Do you have any suggestions to better our Conestoga Youth Lacrosse program?_____

Volunteer Information:

Name: _____

Phone: _____

Area(s) in which you would like to help: _____

The CYL Board reviews all evaluations. Please return using one of the following methods:

By Mail: Conestoga Youth Lacrosse, PO Box 1325, Southeastern, PA 19399

By Fax: 610-540-9001

By eMail: info@cylax.com

THANK YOU!