

MDUSAG MEET EVALUATION FORM

Purpose: to provide positive and constructive feedback to provide improved competitive conditions for Maryland's gymnasts.

Name of Meet _____ Date _____
 Meet Site _____ Type/level _____
 Meet Director _____

Please rate each category 1-5 (1= below average, 5= excellent)

CATEGORY	RATING	COMENTS
Pre-meet information	1 2 3 4 5	_____
Equipment	1 2 3 4 5	_____
Matting	1 2 3 4 5	_____
Competition format	1 2 3 4 5	_____
Sound equipment	1 2 3 4 5	_____
Support staff	1 2 3 4 5	_____
Competition area	1 2 3 4 5	_____
Awards	1 2 3 4 5	_____
Seating	1 2 3 4 5	_____
Restroom Facilities	1 2 3 4 5	_____
Concessions	1 2 3 4 5	_____
Parking	1 2 3 4 5	_____

Additional coments:

Signature(optional) _____ coach _____ judge _____
 Club _____ Phone # _____

Please return this form to the Meet Director