



Meet Site Evaluation TAAF Gymnastics



Fill out, save and email to Ginger Steger at:
gsteger@suddenlinkmail.com
Or
Mail hard copy to:
TAAF State Office
P.O. Box 1789
Georgetown, TX 78627-1789

Meet Name: _____ Level & Type: _____ Meet Date(s): _____

Meet Location: _____ Meet Director: _____

*Rate each category from 1-10. (1 = poor, 10 = excellent).
 If there is a category that you have no knowledge of, or does not apply to you, please leave category blank.*

NOTE: These evaluations are used extensively in the awarding of meet bids. Please try and use **FACTS** to support your evaluation. **FOR ALL RATINGS BELOW 5, PLEASE ELABORATE IN THE SPACE PROVIDED AND/OR ON THE BACK.**

CATEGORY:	RATING: 1 - 10	EXPLANATION: For a rating below 5, please elaborate in the space provided.
Pre Meet Information Complete & Received On Time		
Schedule (convenient, efficient, etc.)		
Did Meet Run On Schedule?		
Parking		
Competition Area		
Equipment/Matting		
Awards		
Support Staff		
Meet Director's Understanding of R & P		
General Meet Operation		
Restrooms (Public Coaches) please circle		
Hospitality		

Additional Comments: (Use back if necessary)

 Signature Coach , Owner , Judge , Other

 Printed Name

 Club Affiliation