



SEATTLEUNITED

Tournament Evaluation Form



Head Coach/Team _____

Tournament _____ Location _____

Dates _____ Cost _____

For all categories below, circle a rating on left with 1 being BEST and 5 being WORST. Also make sure to add necessary comments.

QUALITY OF FACILITY OR FACILITIES USED (including parking facilities)

- 1
- 2
- 3
- 4
- 5

QUALITY OF COMPETITION (also, were brackets created evenly?)

- 1
- 2
- 3
- 4
- 5

WAS THE SCHEDULE GENERATED APPROPRIATELY (satisfied with game times/number of games?)

- 1
- 2
- 3
- 4
- 5

OVERALL VALUE OF TOURNAMENT (was it worth it and would you go back?)

- 1
- 2
- 3
- 4
- 5

MISC. COMMENTS