



# OHIO ATHLETIC CONFERENCE BASEBALL UMPIRE EVALUATION FORM



**Please Fax Immediately After the Game  
to Tim Gleason at 330-963-0459**

Game Date \_\_\_\_\_

Coach \_\_\_\_\_

Visitor \_\_\_\_\_

Home Team \_\_\_\_\_

Game Number: One  Two

Score \_\_\_\_\_

Umpire Name \_\_\_\_\_

Plate

Bases

\_\_\_\_\_ Grade: Based on 1-10 scale, 10 being the best.

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Umpire Name \_\_\_\_\_

Plate

Bases

\_\_\_\_\_ Grade: Based on 1-10 scale, 10 being the best.

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Umpire Name \_\_\_\_\_

Plate

Bases

\_\_\_\_\_ Grade: Based on 1-10 scale, 10 being the best.

Comments: \_\_\_\_\_  
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