

Meet Site Evaluation
North Texas Trampoline and Tumbling
Place a copy in each coach's and judge's packet

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

Meet Location: _____ Meet Director: _____

Rate each category from 1-10. 1 is poor, 10 is excellent.
POSITIVE as well as **NEGATIVE** evaluations are welcome.
If there is a category that you have no knowledge of, or does not apply to you, please leave category blank.

Category:	Rating: (1 – 10)	Explanation: <small>For a rating below 5, please elaborate in the space provided and/or on the back</small>
Pre Meet Information		
Equipment/Matting		
Schedule (convenient, efficient, on time, etc.)		
Parking		
Competition Area		
Restrooms		
Awards		
Support Staff		
Clear Understanding of R & P		
General Meeting Operations		

Additional Comments: (Use back if necessary)

Signature _____ Club _____

Printed Name _____

Mail form to: NTXTT STATE CHAIRMAN
 Holly Garrington
 PO Box 261
 Rhome, Tx 76078

Note: These evaluations are used extensively in the awarding of meet bids. Please evaluate each competition carefully with **pertinent information** that will give North Texas Trampoline and Tumbling officials an accurate picture of the competition and the details surrounding the competition. 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.** This will provide the necessary details to support a below average evaluation. Please feel free to contact the appropriate North Texas Trampoline and Tumbling official if you feel this evaluation needs more explanation or attention.