



Cumberland United-Unis Soccer Club 2009 COACH ANNUAL REVIEW

Completed forms can be mailed to: CUSC P.O. Box 51037 Orleans Ontario K1E 3W4
Or dropped off at 860 Taylor Creek Drive Unit #5



Age: U ___ Boys Girls Team Name: _____
Head Coach: _____ Asst/Coach: _____

NOTE: The information contained on all completed forms is for the sole use of the Executive of the Cumberland United-Unis Soccer Club. This information may be used to assist in the planning for next year and to identify potential areas for improvement.

Coaching: Did you enjoy Coaching this season?	Yes	No
Would you Coach again next year?	Yes	No
Comments:		

Equipment: Was your team equipment adequate? (cones, flags, balls, etc)	Yes	No
Comments:		

Convenor/Director: Did you receive proper support?	Yes	No
Comments:		

Balanced Teams (if applicable): Where the teams balanced?	Yes	No
Comments:		

Games and Practices: Where the times and locations satisfactory?	Yes	No	
Was the season length satisfactory?	Just Right	Too Long	Too Short
Comments:			

.../ continued on reverse

Uniforms: How was the quality?	Excellent	Good	Just OK	Poor
How was the new process of sizing and numbering?	Excellent	Good	Just OK	Poor
Comments:				

Coaching Clinics: Where the times and locations satisfactory?	Yes	No		
Comments:				

Facilities: Fields (condition, size for age and location, etc)	Excellent	Good	Just OK	Poor
Comments:				

Soccer Day (if applicable): Did you like the format?	Excellent	Good	Just OK	Poor
Comments:				

Referees: What was your impression of the Referees on HOME GAMES ?	Excellent	Good	Just OK	Poor
Comments:				

General Comments or Concerns:	
Name:	Telephone #: () -