



CYSA TOURNAMENT SURVEY



MAIL TO:

CALIFORNIA YOUTH SOCCER ASSOCIATION
1040 SERPENTINE LANE, SUITE 201
PLEASANTON, CA 94566-4754

Name of Tournament: _____ Tournament #: _____
 Location of Tournament (City): _____
 Specific Location (name of park, school, etc.): _____
 Team Age Group: _____ Date of Tournament _____

Instructions:

- 1) Evaluate the areas of the tournament listed below
- 2) Fold along the guides on reverse side
- 3) Staple closed at bottom center using one staple
- 4) Affix postage and mail to CYSA office

RATING:	A = Excellent	B = Good	C = Average	D = Below Average
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1. Fields A B C D
 Did the field have nets, corner flags and proper markings? Yes No
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2. Referees A B C D
 Was a 3-person system used? Yes No Were the referees in proper uniform? Yes No
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3. Field Marshalls A B C D
 Were they on site and identifiable and knowledgeable of **CYSA** and tournament policies, procedures & rules?
 Yes No
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4. Game Scheduling A B C D
 Good game spacing? Yes No Were there minimum 2 hr. rest periods between games? Yes No
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5. Facilities A B C D
 Were there restrooms, adequate parking, and concession stand? Yes No
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6. Team Correspondence A B C D
 Were the acceptance notice, rules, maps and schedules received on time? Yes No
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7. Overall Tournament Rating A B C D
 How would you rate this tournament overall? 0-1, 2-3, 4-5, 6-7, 8-9, 10
 Would you return next year? Yes No

8. Additional Comments

(Fold)

(Fold)

Place
Stamp
Here

California Youth Soccer Association
1040 Serpentine Lane, Suite 201
Pleasanton, CA 94566