



## Referee Evaluation Form

<b>DATE</b>

<b>BOUT #</b>

<b>RING #</b>

<b>NAME OF REFEREE</b>

<b>STATE</b>

NO.	VIOLATION	DEDUCTION	NO. OF VIOLATIONS
1	No clear instruction and signal	- 1 PT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2	Bad movement and positioning	- 2 PTS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3	Unnecessary stoppages during Bout	- 1 PT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4	Allowed boxer to circle-around or take illegal avoidance tactics	- 1 PT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5	Too <u>early</u> 8-Count	- 2 PTS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6	No warning for clear foul or unnecessary warning given	- 3 PTS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7	Too <u>early</u> TKO call	- 4 PTS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8	Too <u>early</u> or no Disqualification when needed	- 4 PTS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9	Too <u>late</u> 8-Count or TKO call	- 8 PTS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10	Late or no Doctor call in case of injury, TKO or KO	- 8 PTS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11	Difficulty of Contest	Easy:           -10 PTS Competitive:   -5 PTS Difficult:       -0 PTS	
12	Other specific violations not listed above (Please comment on violation):	- ____ PTS	

<b>TOTAL DEDUCTION</b>	
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<b>BASE SCORE</b>	<b>TOTAL DEDUCTION</b>	<b>REFEREE SCORE</b>
50	--	=

Comments:

**Referee's Evaluation**      **Name:** \_\_\_\_\_      **State:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_