



FIELD EVALUATION FORM

Field Name, Location and Number

Field Dimensions (approximate) Length: _____ Width: _____

Playing Surface: Grass: _____ Artificial Turf: _____ Other: _____

Is the field lined properly: Yes _____ No _____

If no, please specify: _____

Field Condition Overall: Excellent _____ Good _____ Fair _____ Poor _____

Goal Area: Excellent _____ Good _____ Fair _____ Poor _____

Evidence of holes? _____ Filled? _____

Debris, rocks, glass and other impediments evident? _____ Removed? _____

Sprinkler heads protruding? Yes _____ No _____

Safe distance between playing surface and barriers or obstacles such as light towers, fencing, pavement? Yes _____ No _____

Field Moisture Standing or pooling water? Yes _____ No _____

Muddy areas: Many _____ A few _____ None _____

Goals Intact (no cracks, broken supports or fixtures) Yes _____ No _____

Goals properly placed and anchored (by adults only) Yes _____ No _____

Nets properly secured (by adults only) Yes _____ No _____

Facilities Easy access to restrooms? Yes _____ No _____

Easy access to drinking fountain? Yes _____ No _____

Is there adequate parking? Yes _____ No _____

Is there adequate spectator area? Yes _____ No _____

Lights Does the field have lights? Yes _____ No _____

Do all lights appear to be functioning properly? Yes _____ No _____

Any additional observations or comments regarding the condition of this field:



Name: _____

Signature: _____

Date: _____