TOURNAMENT OF BANDS

POST CONTEST EVALUATION

CONTEST: _____ DATE: _____

Use the following scale for your evaluation:

5 - Superior 4 - Good 3 - Average 2 - Weak 1 - Needs Improvement

COMMUNICATION:

Directions	____
Tickets	____
Times	____
Position	____

COMMENTS

ACCOMODATIONS:

Parking	____
Lighting	____
Lavatories	____
Seating - Competitors	____
Seating - Spectators	____
Guide(s)	____

SITE:

Field Conditions	____
Lighting	____
Judging Facility	____

ADJUDICATION:

Name & Caption	Quality of Information	Critique

Director _____ Unit _____

Please return to your Chapter Coordinator. This form can also be used to communicate with Caption Supervisors or any member of the TOB administration.