

TOURNAMENT EVALUATION

HNZ REPORT (FEEDBACK TO HOST ASSOCIATION ON THEIR ORGANISATION OF A TOURNAMENT BASED ON REPORTS FROM TD AND TEAM MANAGERS)

Organising Association:

Competition:

Venue:

Dates:

No. of Teams:

Tournament Administrator:

A = EXCEEDED STANDARD	B = MET STANDARD	C = DID NOT MEET STANDARD
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1. ADMINISTRATION/INFORMATION

	A	B	C
Pre-tournament Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice Boards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secretariat/TD office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. STADIUM

Changing rooms

	A	B	C
Teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Umpires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Toilets

	A	B	C
Teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spectators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social rooms

	A	B	C
Officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Technical Officials table

	A	B	C
Position and protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documents/Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dugouts

	A	B	C
Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Position/Comfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other

	A	B	C
Spectator control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Address System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Video Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. PITCH

	A	B	C
Surface 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surface 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Markings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floodlights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is Surface 1 suitable for future tournaments No Yes

Is Surface 2 suitable for future tournaments No Yes

4. FOOD & BEVERAGE

	A	B	C
VIP's/Officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spectators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. OTHER FACILITIES

	A	B	C
Warm up facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clock/Score board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ballboys/girls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Media facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical/First aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Solution for Blood on pitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. CO-OPERATION

	A	B	C
Liaison Officers for each Team Manager, including Umpire Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local organisers with Tournament Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. SPONSORS

	A	B	C
Hockey NZ Sponsors banners displayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. CEREMONIES

	A	B	C
Post Tournament Presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. TOURNAMENT RESULTS

	A	B	C
TournamentMaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Newspapers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hockey NZ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. TOURNAMENT PROGRAMME

	A	B	C
Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HNZ REPORT

**COMMENTS / RECOMMENDATIONS TO HOST ASSOCIATION
RE ORGANISATION OF TOURNAMENT**

Comments: (Compulsory for "C"- marks):

Lined area for handwritten or typed comments.

Recommendations for Areas of Improvement:

Lined area for handwritten or typed recommendations.

HNZ REPORT

GENERAL INFORMATION

Number of Spectators: -----

T.V. Coverage: -----

Radio Coverage: -----

Newspaper Coverage: -----

Attendance of VIP's: -----

Additional Information and Comments (if any):
