

IFPAA PLAYER EVALUATION FORM

Year _____

Age _____

Team _____

Mgr _____

Last Name	First Name	Positions Played	All Star Team Y/N	Tourn. Team A/B?	Hitting	Fielding	Throwing	Attitude	Attendance	Draft Round	Rank End of Year	Comments

Scale: 5=excellent, 3=average, 1=weak