

Form for ODP Scouts

**Coaches may NOT recommend players from their own team or club.

Player Name: _____ Boy _____ Girl _____

Uniform Number: _____

Club and Team: _____

Age Group: _____

Age of Player if Playing Up: _____

Game Observed: _____ vs. _____

Type of Game: League () Cup () Tournament () Friendly () Other ()

Name of Scout: _____

Scout Phone Number: _____ email: _____

Signature: _____

Return to:

Nancy Zoll, ODP Administrative Assistant

Email: nancy@cjsa.org

Fax: 860-676-1162

Address: 11 Executive Dr.

Farmington, CT 06032