

WEEKLY PLAYER SURVEY

Your Team Name: _____ Team #: _____ Week #: _____

This is a survey designed for you to give your opinion based on what you and your team thinks about your opponents. Your truthful comments can only help us with an overall view of your league and the *Equalizer* handicap system in your area. We at the APA understand that players can get lucky at times, play good one night and struggle the next. As we all know, *Every player would like to be consistent.* No matter how good the handicapping system, some players will slip through the cracks. Also, some players may be strong in their skill level and some may be weak. Our main objective at the APA is that all our members have the chance to compete effectively and fairly. So keep these thoughts I mind when you give your opinion.

Opposing Team Name _____ Team # _____

Opposing player 1: Average____ Below____ Above____ Highly Skilled____

Player name & Comments _____

Opposing player 2: Average____ Below____ Above____ Highly Skilled____

Player name & Comments _____

Opposing player 3: Average____ Below____ Above____ Highly Skilled____

Player name & Comments _____

Opposing player 4: Average____ Below____ Above____ Highly Skilled____

Player name & Comments _____

Opposing player 5: Average____ Below____ Above____ Highly Skilled____

Player name & Comments _____

Due to limited use we will no longer attach these to the scoresheets. Use this to make copies and submit them as needed. We will have this on the website in a couple of weeks.