Where Students Become Players

Reference on Application for Admission to FX Soccer Academy

Name of Applicant: _____

To the Referee

Employer (Supervisor) __ Educator (Teacher) __ Coach (School/Club) __ Other __

Please rank the applicant as follows:
1=Fair, 2=Good, 3=Very Good, 4=Excellent, 5=Outstanding X= Unable to Mark

Area	Rank	Remarks
Motivation and drive		
Ability to work with others		
Ability to work on own		
Ability to take direction		
Consideration of others		
Leadership ability		
Communicates well with others		
Level of competitiveness		
Willingness to take information		
Overall athletic ability		
Can you envision this person being committed to physical training on a regular basis throughout the school year?		

Name of Referee (Print):_____
Position: _____
Name of Organization: _____
E-mail: _____
Signature: _____
Date: _____

Please return to:

Attention: St. Francis Xavier Soccer Academy
9250-163st, Edmonton, Alberta. Fax: **(780) 486 2564**