KASA Kimberly Area Soccer Association

Evaluator: _____ **Age group and gender:** U- _____ **Date:** _____

			w/o ball (1)	w/o ball (2)		w/ ball (1)	w/ ball (2)			
Green / black	Gb	1								
	Gb	2								
	Gb	3								
	Gb	4								
	Gb	5								
	Gb	6								
	Gb	7								
	Gb	8								
	Gb	9								
	Gb	10								
	Gb	11								
	Gb	12								
Red / yellow	Ry	1								
	Ry	2								
	Ry	3								
	Ry	4								
	Ry	5								
	Ry	6								
	Ry	7								
	Ry	8								
	Ry	9								
	Ry	10								
	Ry	11								
	Ry	12								
Yellow / black	Yb	1								
	Yb	2								
	Yb	3								
	Yb	4								
	Yb	5								
	Yb	6								
	Yb	7								
	Yb	8								
	Yb	9								
	Yb	10								
	Yb	11								
	Yb	12								