



**CATHOLIC HIGH SCHOOL FOOTBALL LEAGUE
of METROPOLITAN NEW YORK**

C.H.S.F.L. POWER RATING EVALUATION FORM

SCHOOL NAME: _____

YEAR _____ – 9th-11th GRADE ENROLLMENT (BOYS): _____

YEAR _____ – OVERALL VARSITY RECORD: _____ (Excluding Playoffs)

YEAR _____ – OVERALL JUNIOR VARSITY RECORD: _____ (Excluding Playoffs)

YEAR _____ – OVERALL JUNIOR VARSITY RECORD: _____ (Excluding Playoffs)

OF OFFENSIVE STARTERS RETURNING: _____

OF DEFENSIVE STARTERS RETURNING: _____

PROJECTED YEAR _____ ALL-STARS: _____

KEY OFFENSIVE PLAYERS LOST (POSITION): _____

KEY DEFENSIVE PLAYERS LOST (POSITION): _____

COACH: _____
(signature)

ATHLETIC DIRECTOR: _____
(signature)

THIS SEEDING FORM IS TO BE FILLED OUT AS EXACT AND AS HONESTLY AS POSSIBLE. PLEASE INDICATE ANYTHING ELSE YOU FEEL THAT THE OTHER COACHES SHOULD KNOW ABOUT YOUR TEAM IN ORDER TO SEED PROPERLY.

Due Date: Please email, cmrcoach@aol.com, or fax, [516-719-1458](tel:516-719-1458), to Chris Hardardt by Monday, December 8, 2014