



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

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

SCHOOL NAME: \_\_\_\_\_

YEAR \_\_\_\_\_ – 9<sup>th</sup>-11<sup>th</sup> GRADE ENROLLMENT (BOYS): \_\_\_\_\_

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YEAR \_\_\_\_\_ – OVERALL VARSITY RECORD: \_\_\_\_\_ (Excluding Playoffs)

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YEAR \_\_\_\_\_ – OVERALL JUNIOR VARSITY RECORD: \_\_\_\_\_ (Excluding Playoffs)

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YEAR \_\_\_\_\_ – OVERALL JUNIOR VARSITY RECORD: \_\_\_\_\_ (Excluding Playoffs)

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# OF OFFENSIVE STARTERS RETURNING: \_\_\_\_\_

# OF DEFENSIVE STARTERS RETURNING: \_\_\_\_\_

PROJECTED YEAR \_\_\_\_\_ ALL-STARS: \_\_\_\_\_

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