



List all players on your team who will take a turn playing goalie (Atom and below):

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How strong is(are) the goalie(s) on your team?

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Are all of the teams you have played within your team's competitive range? YES \_\_\_ NO \_\_\_

If you answered no above, please identify teams you have played that are too strong or too weak.

Too Strong

Too Weak

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Is there any additional information about your team we consider in balancing this division?

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Please bring this completed form to the division balancing meeting.

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**Date**

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**Coach who completed form (please print)**

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**Signature**