

BCA INSTRUCTOR TRAINING/TEACHING AID

SEAL OF APPROVAL EVALUATION FORM

Instructor Name:

Address:

City, State, Zip:

Phone:

Email:

The enclosed product has been sent to you for evaluation. Please return this form by:

Name of submitted product:

What review process did you use to evaluate this product?

Is this product an effective teaching/training aid for helping someone improve his or her game (Please provide 3 reasons why or why not this product meets or fails to meet this criteria)

- 1.
- 2.
- 3.

How can this product be improved?

- 1.
- 2.
- 3.

Based on the evaluation process you used, do you approve or deny this product for the Seal?

- Approve
- Deny

Please return this form to:

Billiard Congress of America
Attn: Seal of Approval
12303 Airport Way, Suite 160
Broomfield, CO 80021