

Please take a moment to fill out this form and return it to the Recreation Director. Your input will help in the development of our program.

Program: _____ Age of Child _____

Coach's Name: _____ Date _____

What did you like about this program? _____

What did you dislike about this program _____

What changes would you like to see in this program? _____

Would you be willing to volunteer in this or other recreation programs? _____

If yes, what program(s)? _____

Name: _____ **Telephone No.:** _____

Address: _____

Thank you for taking the time to give us your feedback!

Building A Stronger Community Through Partnerships