

BOW RIDGE LITTLE LEAGUE
PROGRAM SURVEY
PARENT FEEDBACK

Please complete this questionnaire and return it to Bow Ridge by July 31. Your feedback will help to evaluate this year's program and plan for the next. Many thanks.

Family Name _____ (optional)

My child was on the _____ team
My child's coaches were: _____

Please rate the following categories: (5=Excellent: 3=Average: 1=Unsatisfactory)

(a)	Overall Program	5	4	3	2	1
(b)	Communication with Coaches	5	4	3	2	1
(c)	Communication with Executive	5	4	3	2	1
(d)	Performance of Coaches	5	4	3	2	1
(e)	Performance of Executive	5	4	3	2	1
(f)	Newsletter	5	4	3	2	1

What I like about Bow Ridge Little League is

What I think the Bow Ridge Little League would benefit from is:

We plan to register our child in Bow Ridge Little League next year ____ yes ____ no (If no, why not?)

What else would you like to tell us? Please comment below. Thanks for your feedback!