

## ADULT SPORTS PROGRAM EVALUATION FORM

In order to improve the quality of the park and Recreation programs, would you help us by filling out and returning this evaluation to the Blaine Park and Recreation Department by return e-mail, fax (763-785-6191), mail or in person at 10801 Town Square Drive NE, Blaine MN 55449.

SPORT: \_\_\_\_\_

LOCATION: \_\_\_\_\_ DAYS: \_\_\_\_\_

1. Now that you have participated in this sport, would you register for it again? Yes\_\_ No\_\_
2. What have you enjoyed most about this program: \_\_\_\_\_
3. What do you feel needs improvement or should be changed? \_\_\_\_\_  
\_\_\_\_\_
4. Did you understand the rules, regulations and policies of the program? Yes\_\_ No\_\_ If not, please specify: \_\_\_\_\_
5. In your opinion were facilities and equipment adequate enough to conduct this sport? Yes\_\_ No\_\_ If not, please explain: \_\_\_\_\_
6. Referee/Umpire's rating: Very Good\_\_ Good \_\_ Average\_\_ Below Average\_\_
7. Day of program: Good\_\_ Bad\_\_ If bad, what day[s] would you recommend:  
\_\_\_\_\_
8. Time[s] of program: Good\_\_ Bad\_\_ If bad, what time[s] would you recommend?  
\_\_\_\_\_
9. Was the length of the program: Too Long\_\_ Good \_\_\_\_ Too Short\_\_
10. Cost of program: Too much\_\_ Reasonable\_\_ Could be slightly higher\_\_
11. Please list any other programs, activities or sports you would like to see offered.  
\_\_\_\_\_  
\_\_\_\_\_
14. OTHER COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your support and participation.

