

**Please help us by providing feedback regarding our 2008 Chapparat Swim Team
so we can continue to improve the team**

Number of years on the Swim Team (Including this year)

Age of children on the Swim Team this year (Circle all that apply)

6 & U 7 & 8 9 & 10 11 & 12 13 & 14 15+

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
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| This has been a positive experience for my child | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I believe I received a good value for the cost to join the team | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The swimming ability of my child(ren) improved this year | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My child(ren) liked the coaches | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My child(ren) respected the coaches | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I liked the practice times that were offered for my child(ren) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The Swim Board managed the team effectively & professionally | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I believe the web page was useful and informative | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I knew where to go to find answers to my questions about the team | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The amount of volunteering I was asked to do this year was about right | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Approximately how many times did you access the team web page this year

Approximately how many times per week did you attend practice this year

What recommendations do you have for next year regarding Social Activities (e.g. Spaghetti Dinner, Movie Nights, Championship Banquet)

What recommendations for improvements would you suggest for next year

OTHER:

Would you consider being a Co-Chair next year? No Yes If yes, your name: _____

Would you consider being on the Swim Board next year? No Yes If yes, your name: _____

Would you consider being on the Mile High Swim League Board next year? No Yes If yes, your name: _____

Thank you for completing this questionair assisting your Swim Board