

## ATHLETIC COMMITTEE QUESTIONNAIRE

Please return this questionnaire in a sealed envelope to the Athletics Committee either via regular mail\* or drop it off at the POA office during regular office hours. We are looking to improve our activities/programs while protecting anyone who is or was unhappy with any activities/programs.

1. Did you or any family members participate in any Athletic Committee activities?

YES       NO

2. In which activity/program did you or your family members participate?

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3. In what capacity were you or your family members involved?

You	_____	Coach	_____	Family Member(s)	_____	Coach
	_____	Participant			_____	Participant
	_____	Volunteer			_____	Volunteer
	_____	Parent			_____	Parent
	_____	Observer			_____	Observer

4. What did you or your family members like best about this activity/program?

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5. What did you or your family members like least about this activity/program?

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6. In you or your family members opinion, how can this activity/program be improved?

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7. Are there any activities/programs you or your family members would like the Athletic Committee to begin?

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8. How do you think we could increase overall participation in Athletic activities?

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\* 100 White Meadow Road, Rockaway