

Hawkwood Community Outdoor Soccer Program 2010 Evaluation*

Player age group U4 U6 U8 Team Color (optional) _____

Registration

From least to greatest- 1 being Poor 3 being Excellent.

Use of online System 1 2 3

Adequate signage for Registration 1 2 3

Comments _____

Coaches

Coaching Ability/Knowledge 1 2 3

Worked with Co-Coach 1 2 3

Made it fun for players 1 2 3

Comments _____

Team Managers

Communication to parents 1 2 3

Comments _____

Picture Night

Organization 1 2 3

Quality of Photos 1 2 3

Comments _____

Wrap up

Organization 1 2 3

Was it fun for the players 1 2 3

Were the games appropriate 1 2 3

Comments _____

Program Overall

1 2 3

Comments _____

If your child will be in U10 next season(born in 2001/2002) would you play in Hawkwood if it was offered? Y N

Comments _____

*Any and all comments are kept confidential and are strictly used to enhance the Hawkwood Outdoor Soccer Program. Thank you for your time in filing out this evaluation. Any additional comments and suggestions can be sent to the Soccer Director via e-mail soccer@hawkwoodcalgary.com or mailed to: Hawkwood Community Association, P.O. Box 62011, Hawkwood RPO Calgary AB T3G 5S7 Attn: Wanita.