

LIVERMORE SMOKE 2009 TRAVEL BALL SEASON SURVEY

Mail to: Livermore Smoke, P.O. Box 905, Livermore CA 94550 or

Email to: meyercdmm@comcast.net

Division: B _____ C _____

Age Group: 8 _____ 10 _____ 12 _____ 14 _____ 16 _____

Manager Name: _____

PLEASE RATE BY THE FOLLOWING: (1) Poor (2) Fair (3) Average (4) Good (5) Excellent

Any comments on specific subject, please note under "Additional Comments"

1) Tryouts	1	2	3	4	5
2) Uniforms	1	2	3	4	5
3) Equipment(helmet,bag,sock)	1	2	3	4	5
4) Schedule	1	2	3	4	5
5) Would play next season	1	2	3	4	5

Manager/Coaches

1. Knowledge of the sport	1	2	3	4	5
2. Communication	1	2	3	4	5
3. Conducted Practices	1	2	3	4	5
4. Play time for your Daughter	1	2	3	4	5
5. Interaction with Players	1	2	3	4	5
6. Interaction with Parents	1	2	3	4	5
7. Practiced Good Ethics	1	2	3	4	5
8. Practiced Good Sportsmanship	1	2	3	4	5
9. Overall Rating	1	2	3	4	5

Additional Comments/Suggestions:

Name: _____ Phone #: _____