ST JANE SOCCER
ASSOCIATION QUESTIONAIRE

The St. Jane Soccer Association provides an important community service. We are always trying to improve our service to you the community we serve. We value your opinion and comments about the association. Each and every one will be read. You may use the back of this form for further comments or recommendations that you think might improve the organization. Thank you for your continued support in becoming the best that we can be together!

PLAYERS NAME: (optional) _____ **TEAM:**_____

EMAIL:_____ **PHONE:**_____

ADDRESS:_____

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1. Number of children participating in SJSA?
   Clinic_____ Girls' County_____ Boys' County_____ Select / Travel _____
2. What is your connection to the Association?
   A. Parent of Player B. Coach C. Both A & B D. Other _____
3. How would you rate the overall performance of the Association?
   A. Outstanding B. Above average C. Average D. Unsatisfactory
4. Would you recommend this Association to a friend?
   A. Yes B. No
5. Did the Association meet your expectations?
   A. All B. Most C. Some D. None
6. How would you rate your participation in the Association?
   A. More than most B. Frequent C. Minimal D. None
7. If asked would you become involved in the Association?
   A. Yes B. No C. Depends upon the job Explain_____
8. How would you rate your Coach's performance?
   A. Outstanding B. Above average C. Average D. Unsatisfactory
9. Did you fill out a Coach's report card?
   A. Yes B. No C. If no, will you? Yes No
10. Do you know the Board of Directors?
    A. Yes B. No
11. How would you rate the performance of the Board of Directors?
    A. Outstanding B. Above average C. Average D. Unsatisfactory
12. If you have used the Association Webpage for information how would you rate it?
    A. Outstanding B. Above average C. Average D. Unsatisfactory
13. How would you rate your satisfaction with the following events?

Event	Not Satisfied				Very Satisfied
A. Clinic Program	N/A	1	2	3	4	5
B. Boys' County Program	N/A	1	2	3	4	5
C. Girls' County Program	N/A	1	2	3	4	5
D. Travel / Select Program	N/A	1	2	3	4	5
E. Dance / Crab Feast	N/A	1	2	3	4	5
F. Pictures	N/A	1	2	3	4	5
G. Yearbook	N/A	1	2	3	4	5
H. Clinic Tournaments	N/A	1	2	3	4	5
I. County Tournaments	N/A	1	2	3	4	5
J. Registration	N/A	1	2	3	4	5
K. General Membership Meetings	N/A	1	2	3	4	5
L. Soccer Fun Day	N/A	1	2	3	4	5
M. Clinic Trophy Party	N/A	1	2	3	4	5

Mailing Directions: Place Tape On Edge When Done Folding – Make Sure Address Is Shown

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ST JANE SOCCER
ASSOCIATION QUESTIONAIRE
C/O: Vice President
PO Box 1240
Pasadena, Maryland 21122

********** FOLD HERE TO MAIL **********