Richmond Recreation
Adult Program Evaluation

What program are you evaluating:_____ **Team Name:**_____

1. What would be your overall rating of the Program?

1 2 3 4 5 6 7 8 9 10
Unsatisfactory Satisfactory Good

2. How would you rate the cost (value of our program/special event)?

1 2 3 4 5 6 7 8 9 10
Unsatisfactory Satisfactory Good

3. Did you have fun?

1 2 3 4 5 6 7 8 9 10
Unsatisfactory Satisfactory Good

4. How would you rate the communication regarding information about practices and games?

1 2 3 4 5 6 7 8 9 10
Unsatisfactory Satisfactory Good

5. Will you participate again next year?

YES NO MAYBE

6. How would you rate appreciation shown by spectators, players and coaches towards the program?

1 2 3 4 5 6 7 8 9 10
Unsatisfactory Satisfactory Good

7. How would you rate the Richmond facilities?

1 2 3 4 5 6 7 8 9 10
Unsatisfactory Satisfactory Good

8. What can the Recreation Dept. change to make next year better? _____

_____

_____

_____

_____

9. What did you like best about the program? _____

_____

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If you would like to be contacted please feel free to leave your contact information.
Name_____ Phone Number_____

Please return to the City Collectors Office-205 Summit St. Richmond, MO 64085 or Mail to Haley Morrissey-205 Summit St. Richmond, MO 64085. THANKS for being part of Richmond Recreation!