

Auburn Maroons Athletic Program Survey

Please return this completed form to:
Tam Ray
Harriet Tubman Administration Building
78 Thornton Avenue
Auburn, New York 13021

Sport: _____
Level: _____ **Year:** _____

I am a:

Parent

Participant

Other (please specify)

1. Rate the condition of the uniforms and equipment provided for this team:

Super!

Good

OK

Poor

Comments:

2. Rate the practice and game facilities provided for this team:

Super!

Good

OK

Poor

Comments:

3. Rate the experience playing on this team this year:

Super!

Good

OK

Wish I hadn't

played

Comments:

4. Do you feel your (athlete's) playing time was appropriate considering your (athlete's) ability and the ability of the other players?

Yes

No

Comments:

5. What were the best parts of your experience with this sport / team?

6. List any suggestions to help improve the experience in this sport for next season: