

Hoosick Falls Soccer Club Season Survey

*To assist us in quality improvement of our league,
Could you please take a moment to fill out this brief survey?
Please know that this survey will remain confidential, only the board members will see them.
Your feedback is important to make our club the best that it can be.*

Please respond to the following statements by selecting from:

5. Strongly Agree 4. Agree 3. Neutral 2. Disagree 1. Strongly Disagree

1. My child enjoyed their experience in the league during the Spring Season.
5. 4. 3. 2. 1.
2. I feel my child's skill level and/or understanding of the game increased.
5. 4. 3. 2. 1.
3. The cost of the program is reasonable and fair.
5. 4. 3. 2. 1.
4. My child's coach was knowledgeable and friendly.
5. 4. 3. 2. 1.
5. Our coach kept us well informed about the team's practice and game schedules.
5. 4. 3. 2. 1.
6. I would have my child represent the soccer club in the Hoosick Falls parades if we continue to participate in the parades.
5. 4. 3. 2. 1.
7. I am likely to continue participating in this soccer program.
5. 4. 3. 2. 1.
8. I am likely to recommend this soccer program to a friend.
5. 4. 3. 2. 1.

As these survey's have been very helpful as we strive to bring the best to our soccer community, we Thank you for your continued feedback. Please always feel free to call or email me at any time.

Please add any additional comments or concerns below:

Thank you,

Laura Peabody
HFSC Board Member
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