

**City of Vacaville
Community Services Department - Recreation Division
PROGRAM EVALUATION FORM**

Please take a moment to complete this form. Your feedback is important to us as we strive to provide quality programs and services for our community.

PROGRAM _____ SEASON _____ YEAR _____

How did you hear about our program? Flyer _____ Events Guide _____ Grapevine _____ Email Blast _____
 McBride Megaphone _____ Newspaper _____ Friend _____ Returning Customer _____ Other _____

PLEASE RATE THE FOLLOWING	NEEDS IMPROVEMENT	FAIR	GOOD	VERY GOOD	EXCELLENT
REGISTRATION PROCESS	1	2	3	4	5
PROGRAM ORGANIZATION	1	2	3	4	5
SCOREKEEPERS	1	2	3	4	5
OFFICIALS	1	2	3	4	5
FACILITIES	1	2	3	4	5
OVERALL PROGRAM EVALUATION	1	2	3	4	5

PLEASE RESPOND IF APPLICABLE:

DID YOU ENJOY YOUR EXPERIENCE? YES _____ NO _____ NA _____

WOULD YOU RECOMMEND THIS PROGRAM TO OTHERS? YES _____ NO _____ NA _____

SUCCESES/STRENGTHS (of the program)

CHALLENGES/RECOMMENDATIONS (list any challenges experienced and recommended changes)

WAS THE FEE _____ INEXPENSIVE _____ APPROPRIATE _____ TOO EXPENSIVE (check one)

What future program would you like the City of Vacaville to offer for you or your family?

Would you like to be contacted about upcoming leagues/events the City of Vacaville is offering? NO _____

IF YES _____ : NAME _____ EMAIL _____ PHONE _____