



GOLF MAINE PARK DISTRICT

PROGRAM PARTICIPANT EVALUATION

Thank you for your participation in this program! A candid evaluation of your experience will help us maintain the highest possible level of programming and customer service.

Program Information

Course Code: _____ Course Title: _____ Instructor: _____
Age of Participant(S): _____ (please list exact ages) [] M [] F
Are you a returning participant? [] Y [] N Would you participate in this program again [] Y [] N
Would you recommend it to others? [] Y [] N Did the program description match your experience? [] Y [] N

Program Experience

Please rate your experience in the following areas, using the scale below:
5 = Excellent 4 = Above Average 3 = Average 2 = Below Average 1 = Unsatisfactory

If rating a 3 or below, please comment to help us understand the rating

Table with 5 columns (5, 4, 3, 2, 1) and 6 rows (INSTRUCTOR, PROGRAM, FACILITY, REGISTRATION, OVERALL PROGRAM EXPERIENCE) for rating and comments.

What did you/your child like MOST about this program?

What did you/your child like LEAST about the program?

What IMPROVEMENTS do you recommend?

What types of programs would you like to see OFFERED?

General Information

Are you a Golf Maine Park District Resident [] Y [] N [] Not Sure
How did you learn about this program? _____
How do you prefer to receive program information? _____
Join the park district e-mailing list _____

(Email address is subject to public records laws)

PLEASE RETURN FORM TO: Golf Maine Park District
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