

Xceleration Volleyball Club Feedback Form

1. Was your **daughters** overall experience a positive one? Yes No
2. Was your **families** overall experience a positive one? Yes No
3. Do you plan on returning to Xceleration VBC next season? Yes No

4. Do you feel your daughters coaches adequately trained and supported your daughter? Yes No
Why/Why not? _____

5. Was the communication level **between the coach and you ok?** Yes No
Why/Why Not? _____

6. Would you recommend your coaches to other players? Yes No
7. What were your coaches strong points? _____

Weak points? _____

8. Were your practice facilities and equipment satisfactory? Yes No
Why/Why Not? _____

9. Was the communication level **between the club administration and you appropriate?** Yes No
Why/Why Not? _____

10. Please provide us with suggestions/recommendations to improve the Xceleration program for the future. Anything you really liked and want us to keep? Anything you think needs to be replaced or changed? (use the back of this form if you need more room) _____

All responses received will be held in the strictest confidence and used to make the Xceleration Volleyball Club more efficient.

Please return the form to by mail to:

Jim Ross

74 La Cresta Rd.

Orinda, Ca. 94563

Or Fax to:

925-377-0396

Or E-mail to:

jrosses@aol.com

Thanks for your input!!

Name _____

Team _____