



P.O. Box 162
 Glenmont, NY 12077
 www.bpwfootball.com

2009 Season Survey

It is the goal of the Bethlehem Pop Warner Board of Directors to provide all players and families with a positive, instructional and rewarding experience through our Cheer and Football programs. Please complete this evaluation to provide your feedback, whether good or bad, to help us achieve this goal.

If you had several children participating in BPW this season, please complete an individual evaluation for each child, especially if your children participated in Cheer and Football, or if one child had a significantly different experience than the other.

1. In which program did your child participate?

- Cheer Football

2. At which level?

- Flag/Cubbie Mitey Mite Jr. PeeWee
 PeeWee Jr. Midget Midget

3. Please rate your experience with the following areas of BPW this season:

	Excellent	Very Good	Good	Fair	Poor
OVERAL EXPERIENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of Registration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
League Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Equipment/Uniforms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conditions of Fields	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concession Stand (at Practice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concession Stand (on Game Day)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information/Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ADDITIONAL COMMENTS:

4. Please rate your experience with your CHEER Coaches:

(skip this question if your child did not participate in CHEER)

	Excellent	Very Good	Good	Fair	Poor
OVERAL CHEER COACHING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Head Coach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistant Coaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jr. Coaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ADDITIONAL COMMENTS:

5. Please rate your experience with your FOOTBALL Coaches:

(skip this question if your child did not participate in FOOTBALL)

	Excellent	Very Good	Good	Fair	Poor
OVERAL FOOTBALL COACHING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Head Coach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistant Coaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jr. Coaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ADDITIONAL COMMENTS:

6. Please rate your CHILD'S experience with BPW:

	Excellent	Very Good	Good	Fair	Poor
OVERAL EXPERIENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of Enjoyment (did s/he have fun?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of Instruction (did s/he learn basics?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of Participation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ADDITIONAL COMMENTS:

7. Will your child be returning to BPW next season?

- YES NO

8. If you answered NO above, please check all that apply, otherwise skip to Question #9?

- Program Cost Loss of Interest Plan to Play Modified
 Time Commitment Problem with Coach Health Concern/Injury
 Playing Time Position Assignment Over/Under Weight
 Aged Out Fundraising Requirements Other (*please specify*)

9. If you answered YES to Question #7, do you plan to Register Online next season?

- YES NO

10. Please provide any additional comments about your experience with Bethlehem Pop Warner, or suggestions for improvements below. Include your name and telephone number if you would like to be contacted by a BPW Board Member:

Please Return Completed Survey To:

**BETHLEHEM POP WARNER
P.O. Box 162
Glenmont, NY 12077**

Thank You For Your Feedback