



# WOODSTOCK LITTLE LEAGUE 2009 Evaluation Form



The Woodstock Little League encourages you to give us feedback on your experience this year. Please answer the following questions and return the form in the team envelope that will be sealed so only league officials will review your comments. You may also mail the form to Woodstock Little League, PO Box 94, Woodstock IL, 60098. By taking the time to fill out the evaluation, you be helping us to improve our program. Specify your name and phone number if you would like a call back.

**Name** (optional): \_\_\_\_\_ **Phone** (optional): \_\_\_\_\_

**Team:** \_\_\_\_\_ **Manager:** \_\_\_\_\_

**Were you satisfied with your manager & would you like him next year?**

\_\_\_\_\_  
\_\_\_\_\_

**Where there enough games, too many, too few?** \_\_\_\_\_

**Do you like Saturday games? What time on Saturdays?** \_\_\_\_\_

**How was the experience playing other communities (NL&JL)?** \_\_\_\_\_

\_\_\_\_\_

**Did you participate in any other activities that conflicted with little league?** (please specify) \_\_\_\_\_

**Was communication in the league adequate?** \_\_\_\_\_

**Will you participate in little league again?** (If not why) \_\_\_\_\_

\_\_\_\_\_

**What did you like most about the league?** \_\_\_\_\_

\_\_\_\_\_

**What did you like least about the league?** \_\_\_\_\_

\_\_\_\_\_

**Additional Comments** (suggestions, improvements, etc): \_\_\_\_\_

\_\_\_\_\_