



**MEDICINE HAT SKATING CLUB**  
**END OF SEASON CUSTOMER SATISFACTION SURVEY**



Please check the program(s) in which you are/your child is currently registered:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> PreCanSkate               | <input type="checkbox"/> Stargroup            | <input type="checkbox"/> CanPower Clinic                |
| <input type="checkbox"/> CanSkate                  | <input type="checkbox"/> STARSkate (Jr or Sr) | <input type="checkbox"/> Spring                         |
| <input type="checkbox"/> CanPowerSkate (any level) | <input type="checkbox"/> Skatersize           | <input type="checkbox"/> Summer (CanSkate or StarSkate) |

1. Is this your/your child's first time skating with our club?

Yes  No

2. Did you/your child enjoy your/their skating lessons this season?

Yes  No  Not sure

3. What specifically did you/your child like about the program?

4. What areas of the program (on-ice or off-ice), if any, could be improved?

5. Did the program schedule meet your/your child's needs this season?

Yes  Somewhat  No

If not, please provide suggestions for improvement:

6. Did the quality of coaching meet your expectations?

Yes  Somewhat  No

Comments/suggestions:

7. Did the club's methods of communication – (*LIST THE METHODS HERE e.g. parent info sessions, newsletters, e-mail updates, bulletin boards, etc.*) meet your needs and keep you informed of club news, schedule changes, etc.?

Yes  No

If not, please provide suggestions for improvement:

8. Would you consider skating with our club again?

Yes  No

If not, why and what could we have done to make your experience a better one?

9. Please add any other comments/suggestions that you may have:

Please fill out and mail to Box 402 Medicine Hat, AM T1B 7G2  
Thank you for helping us to improve our programming and customer service!