

**Electronic Participant Satisfaction Survey:**

|  |  |
| --- | --- |
|  | |
| **First Name** |  |
| **Last Name** |  |
| **My Email** |  |
| **Day Time Phone** |  |
| **Street** |  |
| **City** |  |
| **Zip** |  |
| **I (or my child) participated in a** |  |
| **Tennis Pro's name** |  |
| **The session of lessons or classes was** |  |
| **Lessons or Classes began on time** | no     yes |
| **lessons or Classes were well organized** | no     yes |
| **Information was presented well** | no     yes |
| **Classes were a fun learning experience** | no     yes |
| **Lessons or Classes helped improve my tennis skills** | no     yes |
| **I received enough individual attention** | no     yes |
| **Drills seemed appropriate to skill level** | no     yes |
| **Tennis Pro was engaged and fostered learning** | no     yes |
| **Facility was safe, organized, neat and clean** | no     yes |
| **I was greeted upon arrival** | no     yes |
| **Enrollment process was easy** | no     yes |
| **Re-enrollment was made easy** | no     yes |
| **Questions answered professionally** | no     yes |
| **Would you recommend this to a friend? or why not?** |  |
| **Would you take a session again? or why not?** |  |
| **What other program type may interest you** |  |
| **Are you a BCT student?** | no     yes |
|  |  |