

OUR LADY'S CHRISTIAN SCHOOL
ATHLETICS QUESTIONNAIRE

PLEASE COMPLETE THE FOLLOWING QUESTIONS AND RETURN WITH FORMS.

1.) Have you been happy with the OLCS sports program? If yes, proceed to question #4...if no, proceed to question #2.

2.) What would you like to see changed to improve your satisfaction with the program?

3.) What suggestions could you make to increase the effectiveness of the sports program?

4.) Would you be available to volunteer your time to assist the OLC Athletic Program? In what capacity?

Name: _____

Phone: _____

Please add any additional comments or suggestions on the back.

NAME _____

DATE _____

SPORT _____