CUSTOMER SATISFACTION SURVEY 2009- 2010

Please complete survey and return to Figure Skating office OR
visit our website at **nbfsc.on.ca** and email to **nbfsc@nbfsc.on.ca**

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

☐ Preschool CanSkate ☐ Competitive Skate

☐ CanSkate ☐ Synchronized Skating

☐ STARSkate ~ Junior / Intermediate / Senior (please circle session)

1. Is this your / your child's first time skating with our Club? ☐ Yes ☐ No
   If not, how long have you / your child been participating? _____ Years

2. Did you / your child enjoy their skating lessons this season? ☐ Yes ☐ No ☐ Somewhat

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

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

5. Did the program schedule meet your / your child's needs this season? ☐ Yes ☐ No

   If not, please provide suggestions for improvement: _____

6. Did the quality of coaching meet your expectations? ☐ Yes ☐ No ☐ Somewhat

   Comments/suggestions: _____

7. Did the Club's methods of communication meet your needs and keep you informed of Club news, schedule changes, etc? ☐ Yes ☐ No

   If not, please provide any suggestions to improve communication: _____

8. Any other comments / suggestions? _____

Thank you for helping us to improve our programming and customer service!
The North Bay Figure Skating Club invites you to be an active part of the Club.
Consider a position on the Board of Directors for the 2010-2011 skating season.
The **A**nnual **G**eneral **M**eeting will take place at Memorial Gardens in the Hall of Fame **March 2010 (date & time to be determined).**