

NDUFC Player Questionnaire: We want to get your feedback on how we're doing.

Age Division Head Coach's Name

Your Name (Optional) Phone or email (Optional)

A) Please answer the following:

Did You Have Fun Learned Something Want to play again

B) How did you feel about each of the following

Head Coach Assistant Coach Manager

Games Practices

Team Spirit Team Success

C) What was the best part of playing Soccer with the NDUFC?

D) What was the worst part of playing Soccer with the NDUFC?

E) Do you have any more comments on any of the above items or suggestions for your team or the club?

Save this Form as a PDF, then email as an attachment to: info@northdurhamunited.com or
print & mail to the NDUFC, Box 302, Port Perry, ON, L9L 1A4 or
give to your manager or coach in a sealed envelope.
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