**GLEN BURNIE BASEBALL & SOFTBALL SURVEY**

 **ON YOUR MANAGERS & COACHES**

**We value all comments. Please be polite and constructive. Including your name is optional, but you must include an email address if you want a response on your survey.**

Parents Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Players name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division or age group: \_\_\_\_\_\_\_ 6U \_\_\_\_\_\_\_ 12U softball

 \_\_\_\_\_\_\_ 8U baseball \_\_\_\_\_\_\_ 14U baseball (80 ft.)

 \_\_\_\_\_\_\_ 8U softball \_\_\_\_\_\_\_ 14U softball

 \_\_\_\_\_\_\_ 10U baseball \_\_\_\_\_\_\_ 15U baseball (90 ft.)

 \_\_\_\_\_\_\_ 10U softball \_\_\_\_\_\_\_ 19U (HSE) softball

 \_\_\_\_\_\_\_ 12U baseball

Team name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **RATE YOUR MANAGER OR COACHES**

 **Rate 1-5 with 1 being poor and 5 being very good. Please put 0 if you have no comment or not applicable.**

Managers’ name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sportsmanship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leadership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Baseball/softball knowledge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Overall rating: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In your opinion, should this manager be allowed to manage next season> YES or NO (circle one )**

**If no, please tell us why:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **RATE YOUR ORGANIZATION**

Player registration process: \_\_\_\_\_\_\_\_\_\_\_

Team rosters – reasonably balanced: \_\_\_\_\_\_\_\_\_\_\_

Team uniforms: \_\_\_\_\_\_\_\_\_\_\_

Team equipment: \_\_\_\_\_\_\_\_\_\_\_

Opening day: \_\_\_\_\_\_\_\_\_\_\_

Closing day: \_\_\_\_\_\_\_\_\_\_\_

Trophies: \_\_\_\_\_\_\_\_\_\_\_

Field conditions: \_\_\_\_\_\_\_\_\_\_\_

Practice schedules: \_\_\_\_\_\_\_\_\_\_\_

Game schedules: \_\_\_\_\_\_\_\_\_\_\_

Umpires: \_\_\_\_\_\_\_\_\_\_\_

Raffle tickets: \_\_\_\_\_\_\_\_\_\_\_

Concessions: \_\_\_\_\_\_\_\_\_\_\_

Team pictures: \_\_\_\_\_\_\_\_\_\_\_

Oriole parade: \_\_\_\_\_\_\_\_\_\_\_

Fundraisers -------------------

Communication -------------------

All Star day --------------------

What function(s) did the organization do well with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What area(s) need improvements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**DO YOU PLAN ON RETURNING TO OUR PROGRAM FOR THE FALL OR NEXT SPRING? (WHY OR WHY NOT) CIRCLE ONE**

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**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY. OUR GOAL IS TO BETTER THE ORGANIZATION FOR ALL THE MEMBERS.**