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.

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 MANAG	EER OR COACHES
Rate 1-5 with 1 being poo	or and 5 being very good	d. Please put 0 if you have no comment or not applicable
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Managers' name:		
Sportsmanship:		
Leadership:		
Baseball/softball knowledge:		
Overall rating:		
Overall rating.	nager be allowed to ma	nage next season> YES or NO (circle one)
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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:				
DO YOU PLAN ON RETURNING TO OUR PROGRAM FOR THE FALL OR NEXT SPRING? (WHY OR WHY NOT) CIRCLE ONE				

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