



**7. How satisfied were you with the program?**

- Very satisfied     Mostly satisfied     Satisfied     Somewhat satisfied     Not satisfied

**8. What reason(s) did you have for enrolling in this program? (check all that apply)**

- Develop new skills  
 Meet new friends  
 Socialization  
 Price  
 Health/exercise  
 Other: \_\_\_\_\_

**9. Would you enroll yourself or your child in this program again?     Yes     No**

If no, why not? \_\_\_\_\_  
\_\_\_\_\_

**11. Do you have any suggestions for how to improve the program?     Yes     No**

If yes, what? \_\_\_\_\_  
\_\_\_\_\_

**14. How did you hear about this program? (check all that apply)**

- Seasonal Program Guide  
 Social media (Facebook, etc.)  
 Grayslake Park District website  
 Friend  
 Email/E-Newsletter  
 Program Flyer  
 Other \_\_\_\_\_

**15. Do you have any additional comments or suggestions?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this form to the Grayslake Community Park District Administrative Office or mail it to:

Grayslake Park District  
Attn: Kristin Splitt  
240 Commerce Drive  
Grayslake, IL 60030

**Thank you again for your time!**