

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!