A: City of Phoenix Surveys
ARTIFICIAL TURF TEST PLOTS
SWEETWATER PARK
NORTH SOCCER FIELD

Please take a moment to complete the following survey regarding the artificial turf goal zones at Sweetwater Park north soccer field. Your comments will be used to assist the City of Phoenix Parks and Recreation Department in future soccer field development and improvements.

Position with league (i.e. trainer, coach, parent, player, etc):

Division and Age Group(s):

Nature of usage to date (i.e. practice, goalie training, competitive play, etc)

Please rate the Artificial Turf portion of the field in the following areas:

1. Speed of the ball – does the ball go...
   too slow    slow    adequate    fast    too fast

2. Reliability of the play - does the ball go where it is kicked...
   Never       rarely       usually       always

3. Stability of the field surface
   Too Soft   Soft   Perfect   Hard   Too Hard

4. Fall impact compared to natural grass areas – does it hurt...
   much more   somewhat more   the same   less   much less

5. Sliding impact compared to natural grass areas – does it hurt...
   much more   somewhat more   the same   less   much less

Please rate the TRANSITION between natural grass and the artificial turf in the following areas:

6. Continuity of play – does the ball move consistently between/across the two zones
   Never       rarely       usually       always

7. Continuity of footing – do players maintain consistent footing between/across the two zones
   Never       rarely       usually       always
o How would you rate the overall playability of the entire field?
   Terrible      bad      average      good      excellent

 o Have you had any negative experiences with the artificial turf plot on the field?
   Yes  No  If yes, please explain: __________________________

 o Would you rather play at the Sweetwater North field with the artificial turf goal area, or at another city park with an all natural grass field?
   Sweetwater North _____  Other all natural grass field _____

 o Please provide any other comments or observations regarding the artificial turf goal test plots that you feel would be of help in determining their configuration or use in future soccer field development and improvements:

   ___________________________________________________

   ___________________________________________________

   ___________________________________________________

   ___________________________________________________

Thank you for your time and input!

11/28/05
The following suggestions are under consideration for future Youth Sports Programs. We would appreciate your input in the following areas. Please indicate your preference √:

1. **Length of Program for 5 – 6 year olds** (tee ball & soccer)
   - Current format (2 weeks of preseason practice/6 games)
   - Extended one week (2 weeks of preseason practice/7 games)
   - Extended two weeks (2 weeks of preseason practice/8 games)

2. **Length of Program for 7-9 year olds** (baseball & soccer)
   - Current format (2 weeks of preseason practice/6 games)
   - Extended one week (2 weeks of preseason practice/7 games)
   - Extended two weeks (2 weeks of preseason practice/8 games)

3. **Age Groups for Soccer**
   - Keep current format (ages 5 – 6 & 7 – 8 years)
   - Extend Soccer to age 9.
   - Extend Soccer to age 10.

4. **Age Groups for Coach-Pitch Baseball**
   - Keep current format (ages 7 – 9 years)
   - Extend coach-pitch to age 10. (7 – 8 & 9 – 10 years)

We appreciate your participation in the Youth Sports Program, and your input on these topics.
CIGNA Summer Evaluation
(Please Circle Program)
Cub Club Discovery Guards Junior Lifeguards

The purpose of this evaluation is to receive feedback about the quality of the CIGNA programs offered this summer. Your responses and comments are appreciated. Please rate each of the following items on a scale of 1 (unacceptable) to 5 (outstanding). You may indicate your pool, if you choose. Please use the NA (not applicable) item if that item does not apply to you.

POOL (optional): ________________

1. The training my child(ren) received was effective.
   1 2 3 4 5 NA

2. My child(ren) has a better understanding of water safety.
   1 2 3 4 5 NA

3. My child(ren) learned something valuable this summer.
   1 2 3 4 5 NA

4. I would recommend this program to another family
   1 2 3 4 5 NA

5. Please rate the program, overall.
   1 2 3 4 5 NA

What did you like best about this program?
______________________________________________________________
______________________________________________________________
______________________________________________________________

What suggestions do you have for improving this program?
______________________________________________________________
______________________________________________________________
______________________________________________________________

Comments: ____________________________________________________
______________________________________________________________
______________________________________________________________
Cub Club Evaluation Form

We hope you and your child enjoyed the Cub Club Program sponsored by CIGNA Healthcare of Arizona. In a continuing effort to improve our programs, we are asking you to take a few minutes to complete this survey.

Please let us know what you think of the program. Your input is important to us. Your responses will be kept in confidence.

Thank you for participating and being with us today.

What Cub Club Pool did your child attend?

Please rate your child's instructor in the following areas:
(Scale 1 weak to 5 strong.)

- Enthusiasm: 1 2 3 4 5
- Organization: 1 2 3 4 5
- Instruction: 1 2 3 4 5
- Overall Fun: 1 2 3 4 5

What did you like best about the Cub Club?

What could be done to improve Cub Club?
Parks & Recreation
Service Feedback

To help us continually improve our service, please complete this form and return it to a City counter, fax it to (702) 267-3605, or mail it using the reverse side of this sheet. Your opinion counts. Thank you!

Please enter the date of your last interaction with the Parks and Rec. Dept. (month/day/year): __________

1. What was the primary reason (need) for your last interaction with the Parks and Recreation Department?
   - [ ] Youth program/activity (up to 18 yrs)
   - [ ] Adult program/activity
   - [ ] Registration/reservation
   - [ ] Passive recreation (walking, etc.)
   - [ ] Special event
   - [ ] Other, please specify: __________

2. Please rate the following aspects of service provided by City employees at the Parks and Recreation Dept.

<table>
<thead>
<tr>
<th>Aspects of Service</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Very Poor</th>
<th>NA</th>
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</thead>
<tbody>
<tr>
<td>Timeliness of response</td>
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<td>Courtesy</td>
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<td>Competency in handling an issue</td>
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<td>Professionalism</td>
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<td>Timeliness of resolving problem/addressing need</td>
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</tbody>
</table>

3. Please rate the overall job the Parks and Recreation Department does in providing services.
   - [ ] Excellent
   - [ ] Good
   - [ ] Fair
   - [ ] Poor
   - [ ] Very Poor

4. What is your preferred method of communication with the Parks and Recreation Department?
   - [ ] In-person
   - [ ] Phone
   - [ ] Email
   - [ ] Mail
   - [ ] Website
   - [ ] Other: __________

5. For each of the following programs, services, or facilities, please indicate if you would like to see more, less, or whether you feel there is currently an adequate number of each within the City.

<table>
<thead>
<tr>
<th>Programs, Services, &amp; Facilities</th>
<th>More</th>
<th>Adequate</th>
<th>Less</th>
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<tbody>
<tr>
<td>Tennis facilities</td>
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<tr>
<td>90' baseball fields</td>
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<td>Skateparks</td>
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<td>Waterplay features</td>
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<td>Dog parks</td>
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<td>Recreation centers</td>
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<td>Extreme sports facilities/programs</td>
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<td>Teen programs</td>
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<td>Before/After-school programs</td>
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<td>Senior adult programs/facilities</td>
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<tr>
<td>Structured fitness programs</td>
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6. What would you like to see the Parks and Recreation Department do better? __________

7. How satisfied are you in the overall job the City of Henderson (not just this dept.) does in providing services?
   - [ ] Very Satisfied
   - [ ] Somewhat Satisfied
   - [ ] Somewhat Dissatisfied
   - [ ] Very Dissatisfied

Optional Name: ___________________________ Company Name: _________________________ Phone: __________

[ ] Please check here if you would like to be contacted by the City of Henderson regarding your comments.
Thank you for completing the survey!

Fold this panel first.

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 2 HENDERSON NV
POSTAGE WILL BE PAID BY ADDRESSEE

PARKS & RECREATION DEPARTMENT - MSC 411
CITY OF HENDERSON
PO BOX 95050
HENDERSON NV 89009-9919

Fold this panel last.

Please affix with tape and return to the City of Henderson. Post office will not mail without tape affixed. This flap must be visible when mailing.