

SOUTHOLD RECREATION DEPARTMENT PROGRAM SURVEY

We would like to hear from you. Please take a few minutes to provide us with your feedback.

What is your gender?

- Male Female

What is your age group?

- 8-15 16-20 21-30 31-40 41-50 51+

Have you or any of your family members ever participated in a Recreation Department event or program?

- Yes No

If yes, what was the activity or program? Please list all programs if more than one.

On a scale of 1-10 (10 being the best), how would you rate that experience?

- 1 2 3 4 5
 6 7 8 9 10

Why? Please feel free to give us any suggestions as to how we can improve this program.

Please list any programs or activities that are not currently offered that you would like Southold Town to sponsor, in order of preference.

Should user fees be used to finance more recreation programs and/or facilities?

Yes No

Are there any existing programs or events that you would like to see held more often?

Where do you learn about local recreation programs and events? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Relatives/Friends/Word of Mouth | <input type="checkbox"/> Town's Website |
| <input type="checkbox"/> Recreation Department's Brochure | <input type="checkbox"/> E-Mail Notification |
| <input type="checkbox"/> Radio Advertisements | <input type="checkbox"/> Local Newspaper |
| <input type="checkbox"/> Other (Please specify): _____ | |
-

Where else would you like us to display or advertise information on upcoming events and activities? We want to reach as many people as possible.

Additional Comments, Suggestions, etc: _____



Thank you for completing this survey. We value your input. It helps us to try and provide the best programs possible for our residents.

Survey can be mailed to:

*Southold Recreation Department
PO Box 267
Peconic NY 11958*