

# AFC LIGHTNING PARENT SURVEY

TEAM: \_\_\_\_\_ NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
*(You must tell us your Team. Your name and email are optional)*

## SECTION I.

Please rate the following areas on this scale:

**1. Very Poor                      2. Poor                      3. Average                      4. Good                      5. Excellent**

- |     |   |       |
|-----|---|-------|
| 1.  | Quality of coaching on your team.                   | _____ |
| 2.  | Quality of coaching from Lightning staff.           | _____ |
| 3.  | Organization & administration of your team.         | _____ |
| 4.  | Organization & administration of Lightning program. | _____ |
| 5.  | Communication from your coach.                      | _____ |
| 6.  | Communication of AFC Lightning                      | _____ |
| 7.  | Coast of participation.                             | _____ |
| 8.  | Value of your experience.                           | _____ |
| 9.  | Your child's rate of improvement.                   | _____ |
| 10. | Your child's enjoyment level.                       | _____ |
| 11. | Communication from manager to parents.              | _____ |
| 12. | Communication between your coach and players.       | _____ |
| 13. | Your parent's behavior at games.                    | _____ |
| 14. | Your coach's behavior at games and training.        | _____ |
| 15. | Quality & value of the uniforms.                    | _____ |
| 16. | Quality of Lightning Team Camp.                     | _____ |
| 17. | Quality of facilities.                              | _____ |
| 18. | Quality of your team's tournament experiences.      | _____ |
| 19. | How would you rate AFC Lightning as a club?         | _____ |

## Section II.

Please rate in order of importance the issues that are critical to you when choosing a club for your child.

**1. Not a factor                      2. Nice but not important                      3. Important                      4. Critical**

- |                                 |       |
|---------------------------------|-------|
| Location                        | _____ |
| Cost                            | _____ |
| Quality of coaching staff       | _____ |
| Quality of your teams coach     | _____ |
| Quality of facilities           | _____ |
| Club structure & administration | _____ |
| Reputation of the club          | _____ |
| Child's friends play on team    | _____ |
| Win / Loss record of the team   | _____ |
| Sponsor involvement             | _____ |

**Section III.**

What are the best memories of your child's Lightning experience?

How do you feel about the amount of training, number of games and amount of travel?

Do you feel you get good value for your money at Lightning? Why?

Additional comments or suggestions

*Mail this form to: AFC Lightning • P.O. Box 1808 • Fayetteville, GA. 30214  
or fax to: (770) 460-8068*