



RECREATIONAL ACTIVITIES SURVEY

(THESE FINDINGS WILL ASSIST IN IMPLEMENTING NEW PROGRAMS IN THE COMING SEASONS.)

HOW MANY CHILDREN DO YOU HAVE? _____ WHAT ARE THEIR AGES? _____

WHAT IS YOUR AGE? _____ HOW OFTEN DO YOU OR YOUR CHILD(REN) PARTICIPATE IN ACTIVITIES? _____

RELATION TO CHILD(REN)? MOTHER FATHER GRANDPARENT LEGAL GUARDIAN
OTHER _____

WHAT ARE THEIR FAVORITE ACTIVITIES/INTERESTS? _____

WHAT ARE YOUR FAVORITE ACTIVITIES/INTERESTS? _____

ARE THE RECREATION PROGRAMS MEETING THEIR NEEDS? YES NO

PLEASE BRIEFLY EXPLAIN: _____

ARE THE RECREATION PROGRAMS MEETING YOUR NEEDS? YES NO

PLEASE BRIEFLY EXPLAIN: _____

WHAT ACTIVITIES, SPORTS, ETC WOULD YOU LIKE TO SEE OFFERED, IF ANY? _____

WOULD YOU OR YOUR CHILD(REN) BE INTERESTED IN ANY OF THE FOLLOWING AMERICAN RED CROSS TRAININGS?

BABYSITTER'S ADULT CPR/AED CHILD/INFANT CPR PET FIRST AID OTHER _____

ARE YOU OR YOUR CHILD(REN) INTERESTED IN ANY ADVENTURE-BASED ACTIVITIES/LESSONS SUCH AS
HIKING/BACKPACKING, ROCK CLIMBING, MOUNTAIN BIKING, CANOEING/KAYAKING, SCUBA DIVING, CHALLENGE
COURSES, ETC? YES NO

IF SO, PLEASE LIST ACTIVITIES: _____

ARE YOU AWARE OF OUR YOUTH SCHOLARSHIP PROGRAM? YES NO (CALL CCPRD AT 447.1209 FOR MORE INFO.)

NAME: _____ PHONE #: _____

**CONTACT INFO IS ONLY USED TO NOTIFY INTERESTED PARTIES
OF CERTAIN ACTIVITIES BEING OFFERED.**

THANK YOU VERY MUCH FOR YOUR TIME AND PARTICIPATION.