



TWEED MINOR HOCKEY SURVEY

1. Did your child enjoy his or her hockey season?

(Select only one.)

YES NO

COMMENT: _____

2. What does your child like best about playing with this team?

3. Name 2 things your child liked?

1. _____
2. _____

4. Name 2 things your child disliked?

1. _____
2. _____

5. If your child could change one thing about his or her hockey season what would it be?

