



## BSA SOCCER AND SCOUTING PARENT EVALUATION

(1) What did you like most about the Soccer and Scouting program?

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(2) What did you like least?

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(3) What changes to the program would you suggest?

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(4) Do you plan to register your child next season?

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(5) Please fill in your information below if you wish to become a valued member of our volunteer staff:

Role (check one):  Coach  Parent Helper

Season: (check as many as apply):  Jun - Aug  Sep - Nov  Dec - Feb  Mar - May

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address: (street, city, state, zip)

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(6) Other comments or questions?

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