Please complete and return to:

Elite Development Series PO Box2714 La Crosse, WI 54602-2714

or email: rushwiwest@gmail.com



EDS Event Feedback Form

| Club & Team (optional): | Age & Gender: | | | | |
|---|-----------------------------------|--|--|------------------------|--|
| Competition Date: | Competition Location: | | | | |
| Competition | | | | | |
| Were the games competitive? Yes or No f not, what were the issues? | | | | | |
| | | | Is there anything else you want to tell us | regarding competition? | |
| | | | | | |
| | | | Facilities | | |
| Were the facilities adequate? Yes or No | | | | | |
| Did the playing surface meet your expectation? Yes or No Were you overall satisfied with the schedule? Yes or No | | | | | |
| | | | | | |
| Overall Experience | | | | | |
| Was the hosting club visible and available to you during the event? Yes or No Did you participate in the opening Ceremony? Yes or No | | | | | |
| | | | | | |
| If you did participate, what did you think | of it? | | | | |
| | | | | | |
| Was your overall experience positive? Ye | s or No | | | | |
| Are you hoping to be invited to participate | te in the fall of 2016? Yes or No | | | | |
| Additional Comments about the day: | | | | | |
| Contact information (optional): | | | | | |

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