



Spikeroos Program 2024 Survey

**Did you enjoy our Spikeroos Term Program? Do you have any feedback?
Let us know!**

Contact email address

1. (Required) 1. Which Spikeroos Term Program did you attend?

Example: Spikeroos Auburn Sunday Intermediate

2. (Required) 2. Participant's age?

3. 3. Participant's gender?

4. 4. Participant's ethnicity?

5. (Required) 5. Is this the first time the participant has attended our Spikeroos Term Program?

6. (Required) 6. How did you hear about our Term Program?

7. (Required) 7. What was the participant's favourite part of the program?

8. (Required) 8. How satisfied were you with the Spikeroos Term Program? (Please tick ONE option)

- very satisfied
- satisfied
- unsatisfied
- very unsatisfied

9. (Required) 9. How satisfied were you with our Spikeroos coaches? (Please tick ONE option)

- very satisfied
- satisfied
- unsatisfied
- very unsatisfied

10. (Required) 10. How satisfied were you with the Venue? (Please tick ONE option)

- very satisfied
- satisfied
- unsatisfied
- very unsatisfied

11. (Required) 11. How satisfied were you with the registration process? (Please tick ONE option)

- very satisfied
- satisfied
- unsatisfied
- very unsatisfied

12. (Required) 12. How satisfied were you with the communication from Volleyball NSW? (Please tick ONE option)

- very satisfied
- satisfied
- unsatisfied
- very unsatisfied

13. 13. Do you have any suggestions on how we can make the program more engaging?

14. (Required) 14. How likely is it that you would recommend Spikeroos to a friend? (Please tick ONE option)

very likely

likely

unlikely

very unlikely

15. (Required) 15. How likely are you to attend another Spikeroos event? (Please tick ONE option)

very likely

likely

unlikely

very unlikely