



Parent & Player Feedback Survey

Check Session _____ I: June 15-18 _____ II: June 22-25 _____ III: June 29-July 2
Attended:

Please rate your son's recent experience with the Soaring Eagles Baseball Camp:

I was impressed with the character, enthusiasm & knowledge of the instructors.

(Circle One) Strongly Disagree Disagree Agree Strongly Agree

The camp was well organized.

(Circle One) Strongly Disagree Disagree Agree Strongly Agree

My son learned a lot at this camp.

(Circle One) Strongly Disagree Disagree Agree Strongly Agree

My son had fun at this camp.

(Circle One) Strongly Disagree Disagree Agree Strongly Agree

Overall, I was satisfied with this camp and would recommend it to friends.

(Circle One) Strongly Disagree Disagree Agree Strongly Agree

What did you and your son like most about the camp?

What suggestions do you have for us to improve the camp?

Player Name _____ (Optional)

Date: _____

Please return form to: Soaring Eagles Baseball Camp
Or Email to: 184 Plantation Drive
n.sharp4g@gmail.com Mooresville, NC 28117

Where did you first hear about the Soaring Eagles Baseball Camp?

Thank-you for attending this camp and for completing this survey!!!