



East Hant Curling Association

Year-end Member Survey

2019-2020

1. Name: _____
2. Has your address, phone number(s), or email changed since the start of the season?
If NO, go to 3. If YES, fill in below as required
Address _____ Town _____
Home Phone _____ Mobile Phone _____
Email address _____
3. How many years have you curled? _____
4. Which League(s) did you play in? Morning _____ Evening _____
5. Why did you chose to play in the league(s) you selected? _____

6. Would you be interested if we had an afternoon league? Yes ____ No ____
7. Did you spare at least once for another team(s)? Yes ____ No ____
8. What position did you mostly play this season? _____
9. Which position(s) do you prefer to play? (most to least) _____
10. Would you be interested in being on the Board of Directors? Yes ____ No ____
11. Will you be returning next season? Yes ____ No ____
If above is No, please state why _____
12. Do you feel that you received good value for your money? Yes ____ No ____
13. Do you rely on club supplied equipment? Yes ____ No ____
14. Do you curl anywhere else? Yes ____ No ____
15. Are you a member of the East Hants Chamber of Commerce? Yes ____ No ____
16. What did you like? _____

17. What did you NOT like? _____

18. Additional comments (don't be shy) _____
