



East Hant Curling Association

Year-end Member Survey

2020-2021

1. Name: _____
2. Please provide the following information to ensure that our records are up to date:
Address _____ Town _____
Home Phone _____ Mobile Phone _____
Email address _____
3. Will you be returning next season? (Circle one) YES NO
If the above answer is NO, please state why: _____
4. EHCA is planing on having morning, afternoon, and evening leagues next season
Please circle all options you would be interested in: morning afternoon evening
5. How many years have you curled? _____
6. Which position(s) do you prefer to play? (Rate choice(s) 1, 2, 3, 4 and X for not desired)
Skip ____ Mate ____ Second ____ Lead ____ Any ____
7. Would you be interested in being on the Board of Directors? YES NO
8. Do you feel that you received good value for your money? YES NO
9. Do you rely on club supplied equipment? YES NO
10. Do you curl anywhere else? YES NO
11. What did you like? _____

12. What did you NOT like? _____

13. Additional comments (helps EHCA to make continuous improvements)

