

# Meet Evaluation

## NAME OF MEET

Date of Meet

Host of Meet

Place of Meet

Who do you represent (circle)? the host club      a visiting club      unattached

Describe yourself (circle)      athlete coach      official meet worker      spectator

### **Please rate the overall quality of this meet:**

(Please write any compliments or suggestions below or on the reverse side)

			<u>Low</u>		<u>High</u>
1. Swimming pool (e.g., water quality, ventilation)	1	2	3	4	5
2. Equipment (e.g., timing system, PA system):	1	2	3	4	5
3. Swimmer facilities (e.g., locker rooms, rest areas):	1	2	3	4	5
4. Spectator facilities (e.g., seating, rest rooms):	1	2	3	4	5
5. Meet services (e.g., concessions, admissions, programs):	1	2	3	4	5
6. Officiating	1	2	3	4	5
7. Awards and award presentations:	1	2	3	4	5
8. Safety provisions:	1	2	3	4	5
9. Overall success of the meet:	1	2	3	4	5
10. Other (please specify):	1	2	3	4	5

Return the completed evaluation to the Admissions desk or Clerk of Course. Thank you.