

Langford Fastball Coaching Feedback

Division (Mites, Squirts, etc) _____

Level (A, B or C) _____ Girls _____ Boys _____

Coaches name(s) _____

Did your son/daughter have fun? _____

Comments: _____

Were practices fun and/or useful?

Comments: _____

Was there active participation and fitness improvement?

Comments: _____

Did he/she learn new skills or more about the game?

Comments: _____

Do you think there was equal playing time for all players? _____

Did you discuss this with the coach(es)? _____

Comments: _____

Other comments: _____

Would you be interested in volunteering to help the league?

Optional: May we contact you?

Name: _____ Phone Number _____