**Marathon County Youth Hockey Association Evaluation Form:**

**Association evaluation form**

Team (optional): \_\_\_\_\_\_\_\_\_\_\_\_ Team Division (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name: (optional): \_\_\_\_\_\_\_\_\_\_\_\_

This evaluation form is read and reviewed by the MCYH Board of Directors. The purpose of the form is to help us use your suggestions to help improve our Association. Please answer each question as honest and truthfully as possible with a rating of 1 to 4 (where appropriate) with 1 being the highest and 4 being the lowest.

Marathon County Youth Hockey Association (MCYH) Please Circle

|  |  |
| --- | --- |
| Overall rating of MCYH | 1 2 3 4 |
| Overall rating of MCYH Board of Directors | 1 2 3 4 |
| Would you like to see more MCYH functions throughout the year? | 1 2 3 4 |
| Have you been to our new website at [www.mcyhockey.org](http://www.mcyhockey.org)? | YES NO |
| If so, did you find the information on the website useful? | YES NO |
| What would you like to see added to the MCYH website? | |
| What I think is working best about MCYH is: | |
| What I think is not working and needs attention regarding MCYH is: | |