

Parent Tournament Observations

Tournament Date _____ Tournament Name _____

Tournament Age Division: _____ Tournament Location _____

Please circle the number that corresponds with your level of agreement (10= High - 1 = Low)

Overall how satisfied were you with this tournament - management, format, NOT your finish:

1 2 3 4 5 6 7 8 9 10

How would you rate the communication regarding Pools, Brackets, any Changes/Updates?

1 2 3 4 5 6 7 8 9 10

Was the Tournament Staff knowledgeable?

Yes No

Taking into consideration that No Event runs exactly to schedule, how would you rate the timeliness of event?

1 2 3 4 5 6 7 8 9 10

Comments:

Considering the Officials for your court, how would you rate their ability?

1 2 3 4 5 6 7 8 9 10

Comments:

How would you rate the cleanliness of the facility?

1 2 3 4 5 6 7 8 9 10

Was the temperature of the facility suitable/comfortable for competition play?

Yes No

If no, please explain.

Spectating area(s), adequate seating?

Yes No

If No, please explain.

If applicable, how would you rate the concession area? (items, service, selection)

1 2 3 4 5 6 7 8 9 10

Comments:

Comments/Suggestions

Name _____

Contact email _____

Contact Number _____

Use and of the options below:

Scan to: ntrcarrera@gmail.com

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