CITY OF SAN JOSE
CAPITAL OF SILICON VALLEY

California Sports Center and Citywide Aquatics

Help us serve you better. Please answer the following questions

Pool:_____ Operator: _____ Class:_____ Time:_____

Are you a first time customer of the aquatics program? Yes *or* **No**

How did you hear about the Program?
PRNS Website Other Website Flyer Family/Friend Radio/TV ad Other: _____

Excellent = 1 Very Good = 2 Average = 3 Needs Improvement = 4 Not Applicable

1. Please rate the registration process and any information provided. 1 2 3 4 n/a
Comments:_____

2. Please rate the availability of services (times, location, frequency?) 1 2 3 4 n/a
Comments:_____

3. Please rate the customer service you received at your pool. 1 2 3 4 n/a
Comments:_____

4. Please rate the quality of swim lesson instruction at your pool. 1 2 3 4 n/a
Comments:_____

5. How well maintained is the facility you are attending? 1 2 3 4 n/a
Comments:_____

6. Please rate the level of safety provided at your pool site. 1 2 3 4 n/a
Comments:_____

7. How would you rate the overall program/service provided? 1 2 3 4 n/a
Comments: _____

8. Please rate the prices you paid for the services you received. 1 2 3 4 n/a
Comments: _____

Additional Comments or Suggestions:

_____

_____

_____

Thank you for your time in completing our survey. Your comments and suggestions are very important to us.

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