

Recreation Department Flag Football Survey

Participant Information

Name

Email

Age

Team & Experience

Team Name (if applicable)

Have you played flag football before?

☐ Yes

☐ No

If yes, how many years?

Interests & Preferences

What days would you prefer games to be scheduled? (Select all that apply)

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

☐ Saturday

☐ Sunday

Preferred Time

Comments or suggestions

