

Dear Resident:

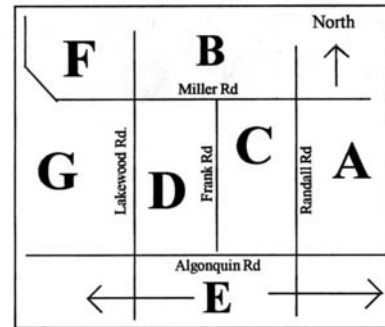
Please join us in planning your Lake in the Hills Parks & Recreation future! You have a unique opportunity to provide the Parks & Recreation Department with opinions that will be considered when planning future programs, activities, services and facilities. Your answers are important no matter how often you participate or use facilities. **Please complete one survey per household.**

Thank you for your participation!!!

DEMOGRAPHICS

A. Please refer to the map and identify the area which includes your neighborhood. Then, circle the corresponding number. (Circle one)

A B C D E F G H (Non-resident)



B. You are: (Circle One) _____ Male _____ Female

C. Including yourself, write the number of people per age group who reside in your home. (Insert the actual number per age category,) e.g., 1 15 to 18, 2 50-59)

_____ Newborn to 4 _____ 5 to 10
 _____ 11 to 14 _____ 15 to 18
 _____ 19 to 29 _____ 30 to 49
 _____ 50 to 59 _____ 60 & Older

E. In the past year, on average, how frequently did you and your family use the facilities listed below?

	NEVER	RARELY (1-3 times/yr)	OCCASIONAL 1-3 times/month	FREQUENT 1-3 times/week
1. Neighborhood Parks & Recreation (small 1 acre park site)	_____	_____	_____	_____
2. Athletic Fields (soccer, basketball, volleyball) (larger parks that would have parking available)	_____	_____	_____	_____
3. Village Hall Classrooms/rental facilities	_____	_____	_____	_____
4. Indian Trail Beach/Butch Hagele Beach	_____	_____	_____	_____
5. Off-Site Recreation Programs (Focus Martial Arts, Jazzercise, Handmade on Main)	_____	_____	_____	_____
6. Biking or walking trails	_____	_____	_____	_____
7. Skate Parks	_____	_____	_____	_____
8. Labahn-Hain House	_____	_____	_____	_____
9. School Facilities (for specific recreation programs)	_____	_____	_____	_____

F. When is the best time for your household to participate in recreation programs and services, based on the ages of your family members? (Check one time, school year and summer for each age group in your home)

	DAYTIME (8AM-5PM)	EVENINGS (5PM-10PM)	WEEKENDS (Sat/Sun)
Pre-school children			
School year:	_____	_____	_____
Summer:	_____	_____	_____

	DAYTIME (8AM-5PM)	EVENINGS (5PM-10PM)	WEEKENDS (Sat/Sun)
Elementary Children			
School year:	_____	_____	_____
Summer:	_____	_____	_____
Middle School Children			
School year:	_____	_____	_____
Summer:	_____	_____	_____
High School Children			
School year:	_____	_____	_____
Summer:	_____	_____	_____
Adults			
School year:	_____	_____	_____
Summer:	_____	_____	_____

G. Examine each of the statements below and circle the response which most closely identifies your opinion. **(Circle one rating for each statement)**

	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
1. Office and Professional staff is courteous and helpful?	SD	D	NO	A	SA
2. I have visited the beach,	SD	D	NO	A	SA
a. The beach staff was courteous and helpful?	SD	D	NO	A	SA
3. My child(ren) were involved in summer Day Camp?	SD	D	NO	A	SA
a. At day camp, staff was courteous and helpful	SD	D	NO	A	SA
4. I have or family members have taken a class?	SD	D	NO	A	SA
a. Program instructor was knowledgeable?	SD	D	NO	A	SA

FUTURE PROGRAMS AND ACTIVITIES

The following list contains programs and activities that are currently provided or may be developed in the future. Please examine the list and indicate your family's interest. **(Check any age group in your household)**

	Interested	Not Interested
1. ½ day- Preschool (ages 0-5)	_____	_____
2. Before/after school care (age 6-10)	_____	_____
3. Social activities for junior/middle school youth (ages 11-14)	_____	_____
4. Special events/trips for junior/middle school youth (ages 11-14)	_____	_____
5. Summer Sports camps (ages 7-10)	_____	_____
6. Athletic/team sports (e.g., basketball, soccer, softball)	_____	_____
7. Individual sports/fitness (e.g., exercise, yoga, running events)	_____	_____
8. Outdoor recreation (e.g., nature programs, canoeing)	_____	_____
9. Community –wide special events (e.g., Oktoberfest, Boat Parade)	_____	_____
10. Adult workshops (e.g., finance, parenting, self improvements)	_____	_____
11. Adult social events (e.g., card parties, informal socializing)	_____	_____
12. Adult trips (e.g., athletic events, dinner shows)	_____	_____

Please provide any comments or suggestions on how the Parks & Recreation Department can provide better service in the future.

Optional Information:

Name _____ Phone _____

Address _____ City/State/Zip _____

Email _____

Your comments are important to the growth of the Parks & Recreation Department. Please return your completed form to:

- Your program instructor
- Parks & Recreation Department office at the Village Hall
- Fax to 847-960-7465
- Mail to 600 Harvest Gate, Lake in the Hills, IL 60156
- Drop Box at Village Hall

Thank you for your time.

Village of Lake In the Hills Parks & Recreation Department