

Parks & Recreation Master Plan Update



Appendix C2: Sports Questionnaire



Town of
Yucca Valley

TOWN OF YUCCA VALLEY PARKS AND RECREATION MASTER PLAN UPDATE

Instructions For Completing Sports Organization Survey

The survey is divided into two parts.

Part 1 asks for general information regarding the overall organization or league. Only one response for Part 1 is requested from each organization.

Part 2 asks for more detailed information for each division or level within the organization or league.

Please return all completed questionnaires to:

Community Services Department
57090 Twentynine Palms Hwy
Yucca Valley, CA 92284

If you have any questions or need help filling out this form, please call Community Services at (760) 369-7211

Please complete questionnaires and return by: October 22, 2007

Date:		
Name of League or Sports Organization:		
Contact Person:	Phone #	E-mail
Address:		
Which Months of Year is MAIN Season Played:	Pre-Season	Regular Season
Current # of Teams (Indicate Year of Season)	Total Current # of Players	Approximate % of players living in Yucca Valley:

LEAGUE DIVISIONS	# PLAYERS	AGE RANGE OF PLAYERS
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

Does this league play games as traveling teams outside Yucca Valley? <input type="checkbox"/> Yes <input type="checkbox"/> No	a. If Yes, Where do they play?
Does your sports organization/league participate in tournaments? If yes, number per year:	b. What % of games are outside Yucca Valley? <input type="checkbox"/> Yes <input type="checkbox"/> No
Where do you play the tournaments you conduct?	We conduct <input type="checkbox"/> We conduct <input type="checkbox"/> Conducted by Others <input type="checkbox"/>
Do you conduct any of these tournaments to raise funds? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, # per Year:

How would you rate the maintenance of the sports facilities your organization uses in Yucca Valley?

Excellent Good Fair Poor

If Fair or Poor, why?

How would rate the fees you pay for use of the fields?

Very High Somewhat High About Right Somewhat Low Very Low

Describe the current situation for your organization regarding scheduling and coordination of field use. Indicate who is responsible for scheduling and if procedures are satisfactory.

What other comments do you have concerning field usage?

What is the total PROJECTED # of players in organization/league next season (state year)?

What % of increase (+) / decrease (-) do you expect in league enrollment in the next 5 years?

_____ 2007 _____ 2008 _____ 2009 _____ 2010 _____ 2011

What type of facility or facilities (size/amenities) does your organization currently have the greatest need for?

What amenities do you require (i.e. lights, seating/bleachers, team benches, storage, concessions, restrooms, backstops, surface materials, fencing, parking, etc.)?

What type of facilities do you expect the organization to have the greatest need for in the future?

INDIVIDUAL DIVISION INFORMATION SHEETS (Part 2)

IMPORTANT: PLEASE COMPLETE ONE INDIVIDUAL DIVISION INFORMATION SHEET (Part 2) FOR EACH DIVISION IN YOUR SPORTS ORGANIZATION. IF YOUR ORGANIZATION ONLY HAS ONE DIVISION, COMPLETE THE DIVISION INFORMATION SHEET FOR THE ENTIRE ORGANIZATION.

Name of Organization:	Date	
Division:	Total # of Teams in Division	Total # Players
Average # of Players per Team	Total Number of Games Played per Year	
Type/Size of Field Required:		

GAMES Length of Time Per Game Slot

Where are games CURRENTLY played? (Please indicate # of fields used at each location and IF those fields have lights)

What days and times are games played?

On Weekdays: List each field used by day of week and # Games per Day/Evening, per field.

Monday	Tuesday	Wednesday	Thursday	Friday

On Weekends: List each field used and # Games Played per Day, per Field.

Saturday	Sunday

PRACTICES Length of Time Per Practice Slot

# of Practices/Week (Pre-Season)	# of Practices/Week (Regular Season)
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Where are Practices Held? (Please indicate # of fields used at each location and IF those fields have lights)

What Days and Hours are Practices Held?

On Weekdays: List each field used by day of week and # Practices per Day/Evening, per Field.

Monday	Tuesday	Wednesday	Thursday	Friday

On Weekends: List each field used and # Practices Held per Day, per Field.

Saturday	Sunday

Date

Contact Name
Organization
Address
Town

Dear :

As part of the preparation of a Comprehensive Parks and Recreation Master Plan for the Town of Yucca Valley, you are being asked to complete the attached Sports Organization Survey. This will provide input to the Parks and Recreation Needs Analysis. Please complete this survey in detail; it is important to accurately show your organization's current field usage.

The Recreation and Parks Needs Analysis is used as a basis for preparing a long term Master Plan to include programs for upgrading, expanding and possible renovation of existing parks and recreational facilities (including ball fields) within the Town. The Master Plan will also establish guidelines and standards for the orderly development of future parks and recreation facilities in Yucca Valley. It will be a policy document to provide guidance to the Town in developing and implementing comprehensive recreation programs that meet the needs of all residents within the Town of Yucca Valley as well as provide parks and recreation facilities that are aesthetically pleasing and functional, and result in a safe and healthy environment for everyone.

Please fill out Part 1 regarding the overall organization of your league. You will need to fill out the Part 2 questionnaire for each and every division you offer within your organization. If you have seven age divisions, you'll turn in seven Part 2 questionnaires. All completed questionnaires should be either mailed or faxed to me. Your prompt response is greatly appreciated.

Sincerely,

Jim Schooler
Director of Community Services

Thank you for your help and cooperation.