

Selectmen
Main Office & Assessing
(603) 539-4181
Water/Sewer Department
(603) 539-7150
Town Clerk/Tax Collector
(603) 539 2008



Recreation Department
(603) 539-1307
Incinerator
(603) 539-4121
TDD (Hearing Impaired)
(603) 539-2856

55 Main Street P.O. Box 67
Center Ossipee, NH 03814
FAX (603) 539-4183

Ossipee Recreation Department
Program Evaluation Survey

Dear Residents:

Please assist us! The Ossipee Recreation Department is in the process of evaluating its programs and activities. Your input, suggestions, and comments will help a great deal as plans are made for development of future Department programs and activities. Please email this survey to ossrec@verizon.net, leave it at the Town Hall, Recreation Department office or return this survey to:

Ossipee Recreation Department
P.O. Box 67
Center Ossipee, NH 03814.

Thank you for taking the time to complete this survey. **Return this survey by March 30th and be entered into a drawing to win a family fun pack. (Drawing will be held April 5th @ Gary the Clown.) Every child who returns this survey will receive a mystery prize.**

Sincerely,
Peter Waugh, Recreation Director
Jason Hanken, Assistant Recreation Director

1. Have members of your household participated in Recreation Department sponsored activities in the past year? Yes ___ No ___
 2. If the answer to question 1 is No, please list the greatest single reason that prevents you from participating:

 3. If the answer to question 1 is yes, why do you participate? (Check all that apply)
Meets my schedule ___ Location ___ Only one that I know exists ___ Cost ___
Opportunity to meet people ___ Quality of instruction ___ Program objectives/contents ___
Be with friends ___ Other _____
 4. Please indicate the type of registration system you would prefer:
Phone ___ In person ___ Mail ___ Fax ___ Online ___
 5. Which group do you feel could use more recreational programming opportunities:
Infant/Toddler ___ Pre-School ___ Elementary ___ Middle School ___ High School ___ Adult (18-35) ___
Adult (36-50) ___ Adult (50+) ___ Family Programs ___ None ___ Other _____
 6. Would you like to help with planning and implementing new programs or additional Facilities?
(i.e.: Skate-park, Community/Teen Center, etc)
Yes ___ No ___
- OVER FOR MORE QUESTIONS

7. If the answer to question 6 is yes, what ideas do you have?

8. If the answer to question 6 is no please describe why?

9. How do you receive information about the Recreation Department? (Check all that apply)

Friends ___ Cable TV ___ Program Brochure ___ Posters in the area ___ Department web page ___

Local newspapers _____ (Please list which one or ones)

Other _____

10. During the school year, what are the best days of the week for your family to participate in programs?
(Check all that apply)

Weekday afternoons ___ Weekday evenings ___ Weekend days ___ Weekend evenings ___

11. During the summer months, what is the best time of day and the best day of the week for your family to
participate in programs? (Check all that apply)

Mornings ___ Afternoons ___ Evenings ___ Weekends ___ Weekdays ___

12. Please make any additional comments about the Department here:

13. (OPTIONAL) Please list your name, mailing address, and phone number for us to contact you regarding
this Survey:



Contact the Ossipee Recreation Department at:

Phone: (603) 539-1307

Fax: (603) 539-4183

Website: www.ossipeerec.org

Email: ossrec@verizon.net