



CREVE COEUR RACQUET CLUB

12691 CONWAY ROAD
CREVE COEUR, MO 63141

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proshop@ccrcctennis.com

Name: _____ Email Address: _____

Name of Clinic Participant (if other than above): _____ Phone Number: _____

Name of Clinic(s) _____ Day(s) of Clinic _____

To ensure CCRC provides quality clinics for our members we ask that you take a few moments to provide us with feedback. Please fill out the following evaluation as honestly and constructively as you can. All feedback is appreciated!

1. What level player do you consider yourself? Beginner Intermediate Advanced
2. Are you currently taking private lessons from a CCRC Staff Pro? Yes No
If yes, which Pro: _____ If not, why? _____
3. Do you feel your Tennis Pro is prepared and ready for your clinic/private lesson to begin at the scheduled start time?
Yes No Sometimes
4. Do you feel you have improved during your Session 1 Clinic? Yes No
5. Do you feel your Tennis Pro gives your class equal attention and is focused 100% of the time during your clinic?
Yes No
6. Does your Clinic give your mind and body a good workout every week? Yes No
7. Are there different drills or practices you would like to see in your clinic? Yes No
If yes, examples: _____
8. Do you take clinics or lessons at other clubs you find more appealing? Yes No
If yes, why? _____
9. Which (2) tennis pros do you prefer to work with?

10. Are there any tennis pros you feel you do not benefit from?

11. Would you be interested in playing in a TeamTennis Format at your level once a week? Yes No
12. How can we continue to improve your learning experience on the courts at CCRC?

Thank you for your feedback!

Please turn evaluation in to the Pro Shop or email [by clicking "SUBMIT FORM" above.](#)

We appreciate you taking time and letting us know how we can continue offering quality programs!

All evaluations will be entered in a drawing for 2 season tickets to see

The 2010 St. Louis Aces in Forest Park. GOOD LUCK!