



KYSA COACH FEEDBACK FORM

AGE GROUP COACHED: _____

1. What did you like **best** about this soccer season? _____

2. What did you like **least** about this soccer season? _____

3. What training needs could the club help you with in the future?

4. Do you have any other comments or suggestions?

Please complete and drop in the **BLUE FEEDBACK BOX** at Mini Wrap Up Day OR at the Community Centre soccer box or email at info@kysa.ca

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