

FREE WHEELERS SURVEY FORM



Please let us know if this program is helpful for youth and outdoor recreation.

CITY OF CHISHOLM

Question 1: How old are you?

Today's Date: _____

Question 2: Do you own a bicycle?

Yes No

Question 3: Do you own a mountain bike?

Yes No

Question 4: On a scale of 1-5, how much did you enjoy your experience with the Free Wheelers Program?

 1 2 3 4 5

I DID NOT LIKE IT.

IT WAS AWESOME!

Question 5: Check the things you **really liked** about the program.

- | | | | |
|--------------------------------------------|---------------------------------------------|--------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> the instructor(s) | <input type="checkbox"/> the green trail(s) | <input type="checkbox"/> the blue trail(s) | <input type="checkbox"/> turning on a berm |
| <input type="checkbox"/> trying a jump | <input type="checkbox"/> trying a new bike | <input type="checkbox"/> being outdoors, scenery | <input type="checkbox"/> learning about bike maintenance |
| <input type="checkbox"/> Other _____ | | | |

Question 6: What did you learn today that you didn't know before?

Question 7: Would you go mountain bike riding again?

Yes No

Optional:

Name

Phone