

Sebago Recreation Survey

Please help our recreation department determine top priorities for our town by completing this short survey. Thank you!!!! Please submit this survey to the town clerk.

1. Please tell us a little bit about your household (circle all that apply):

Sebago Permanent Resident Sebago Part-time Resident Non-Resident
Parent of a school age kid Caretaker of disabled person
Single Married Disabled Athlete Artist Musician Dancer

2. Please tell us how many people are in each age category in your household?

Age < = 18yrs _____ Age 18-25yrs _____ Age 25-50yrs _____
Age 50-70yrs _____ Age 70+ _____

3. What are the most important goals for Sebago Recreation? (rank top three priorities, with 1 being top priority)

<input type="checkbox"/> Provide school athletics programming	<input type="checkbox"/> Community connection
<input type="checkbox"/> Sports training (all ages)	<input type="checkbox"/> Offer field trips
<input type="checkbox"/> Provide social opportunities	<input type="checkbox"/> Provide recreational facilities
<input type="checkbox"/> Preserve open space	<input type="checkbox"/> Provide organized activities
<input type="checkbox"/> Provide arts/music events	<input type="checkbox"/> Provide community activities

4. What do you hope to gain through participation in an active recreation department? (circle all that apply):

Physical health	Mental health	Reducing stress	Self-esteem
Enhanced property values	Social connections	Town cohesiveness	Be in nature
Reduced crime/vandalism	Learn stuff	Be creative	

Other: _____

5. Which age groups need recreation programming the most? (rank top three priorities, with 1 being top priority)

<input type="checkbox"/> Ages 1mo -5 yrs old	<input type="checkbox"/> Ages < 6 - 12 yrs old
<input type="checkbox"/> Ages 13-18 yrs old	<input type="checkbox"/> Ages 19-49 yrs old
<input type="checkbox"/> Ages 50-64 yrs old	<input type="checkbox"/> Ages 65+ yrs old

6. When is programming needed the most? (rank top three priorities, with 1 being top priority)?

<input type="checkbox"/> Before School	<input type="checkbox"/> After school	<input type="checkbox"/> School vacation	<input type="checkbox"/> Weekdays
<input type="checkbox"/> Weekends	<input type="checkbox"/> Mornings	<input type="checkbox"/> Evenings	

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7. What activities are you most interested in for your kids? (check your five top priorities)?:

- | | | | |
|---|--|-------------------------------------|---|
| <input type="checkbox"/> Not Applicable | | | |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Biking | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Swimming | <input type="checkbox"/> Disc Golf | <input type="checkbox"/> Board/card games |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Music | <input type="checkbox"/> Fishing | <input type="checkbox"/> Nature |
| <input type="checkbox"/> Skiing | <input type="checkbox"/> Snowshoeing | <input type="checkbox"/> Skating | |
| <input type="checkbox"/> Community Activities | | | |
| <input type="checkbox"/> Other _____ | | | |

8. What activities are you most interested in? (check your five top priorities)?:

- | | | | |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Running |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Biking | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Pickleball | <input type="checkbox"/> Swimming | <input type="checkbox"/> Disc Golf | <input type="checkbox"/> Board/card games |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Swim aerobics | <input type="checkbox"/> Nature | <input type="checkbox"/> Music |
| <input type="checkbox"/> Skiing | <input type="checkbox"/> Skating | <input type="checkbox"/> Snowshoeing | <input type="checkbox"/> Educational Classes |
| <input type="checkbox"/> Community Activities | | <input type="checkbox"/> Yoga/Pilates | |
| <input type="checkbox"/> Other _____ | | | |

9. What recreational facilities are most needed by the town? (rank top three priorities with 1 being top priority)?:

- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Land for trails | <input type="checkbox"/> Land for open space | <input type="checkbox"/> Pickleball courts | <input type="checkbox"/> Skating rink |
| <input type="checkbox"/> Water access | <input type="checkbox"/> Accessible trails | <input type="checkbox"/> Ball fields | <input type="checkbox"/> Bicycle Park |
| <input type="checkbox"/> Activity room | <input type="checkbox"/> Rec Building | <input type="checkbox"/> Land for community gardens | |
| <input type="checkbox"/> Other _____ | | | |

10. Additional Comments: What would you like to see at Sebago's recreation department?

Thank you for your valuable insight. If you wish to provide us more thoughts on your desired direction for the Sebago Recreation Department, please leave your name and phone number so we can contact you. Thank you!!!!

Name: _____ Phone: _____

Please submit this survey to the town clerk.