



Membership Non-Renewal Questionnaire

We are sorry to note that you have not renewed your Membership to The King's School Recreation Centre. If this is an oversight we would, of course, be delighted to welcome you back. However, if you have decided not to renew your membership, might we ask you, please, to complete this questionnaire and to help us review those aspects of our service and facilities which may have not been entirely to your satisfaction.

Please tick the appropriate comment for each category.

	Good	Average	Poor
1. Reception service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Availability of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Range of facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Quality of activities available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Value for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Quality of Squash courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Catering/vending service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Car park provision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Overall quality of experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

May we also ask you to answer the following questions, and to include any ideas/comments which you feel will improve the quality of service.

What facilities have you used?

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Fitness Suite | <input type="checkbox"/> Aerobics Class | <input type="checkbox"/> Restaurant/Bar |
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Squash | <input type="checkbox"/> Tennis | <input type="checkbox"/> Other (Specify) |

Are you?

- | | |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|

What is your age?

..... yrs

Questions continued on reverse.

What was your main aim for taking part in physical exercise?

Improve Health Weight Loss Weight Gain Tone Up
 Rehabilitation/Doctors Advice Other (Specify)

How often did you visit the centre?

Daily Weekly Monthly

Where did you travel from ?

Home Work School/College
 Other (Specify)

Please use this section to tell us your reason(s) for not renewing your membership.

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.....
.....

Name & Address (optional)

.....
.....

..... Post Code:

Please return this questionnaire in the pre-paid envelope provided.

Thank you for your help.

The King's School Recreation Centre
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