JPD PARTICIPANT EVALUATION

NAME: _____

AGE: _____ PHONE #: _____

EMAIL ADDRESS: _____

1. How many years have you been playing tackle football? _____

2. Do you feel that your football skills improved after completing the JPD program?

Please circle the best answer:

Yes No Not sure

3. What was your favorite life skills topic discussed during the JPD program?

Please circle the best answer:

Goal Setting	Responsibility	Sportsmanship	Leadership
Self-Control	Smart Moves	Teamwork	Perseverance

4. If eligible, would you attend another JPD camp next year?

Please circle the best answer:

Yes No Not sure

5. When you attend high school do you plan to try out for your high school football team?

Please circle the best answer:

Yes No Not sure

6. If attending high school next year please indicate school name, city and state.

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