

Spring PDTS
Name of Tournament
Tournament Evaluation

This Form is to enable the Pacific Girls Basketball Committee to evaluate the sites we have selected to host our PDTS. You are the customer
You are the customer and we hope to be able to give you a quality tournament for your entry fee.
This evaluation will help us do that, and will deal directly with the personnel running the tournament and the facilities you are playing in. It will not evaluate any officials.

1. Were the game brackets and gym directions and locations sent to you in a timely fashion?
YES _____ NO _____
2. Was the tournament director or one of his/her representatives (adult) present at all facilities you participated in?
YES _____ NO _____
3. Was the tournament director courteous and able to answer your questions regarding the tournament and the AAU?
YES _____ NO _____
4. Were the facilities up to standards -- High School for 14 and over and, at the minimum, middle school for the 13U and below?
YES _____ NO _____
5. Were the facilities clean which included the basketball floor following every other game?
YES _____ NO _____
6. Were the official score keeper and clock keeper qualified and over the age of 16?
YES _____ NO _____
7. Were there concessions available at or near each gym site you participate
YES _____ NO _____
8. Were tee-shirts and other tournament memorabilia available for sale at a reasonable price?
YES _____ NO _____
9. Were the adult and youth daily and weekend passes within the boundaries established in the 2002 Pacific Girls Basketball Committee Guidelines?
YES _____ NO _____
10. Would you recommend this organization to host another sanctioned AAU PATS, Zone, or PAC tournament?
YES _____ NO _____

Overall rating of this tournament considering the information above

EXCELLENT _____ GOOD _____ FAIR _____ POOR _____

YOUR CLUB NAME _____ COACH'S NAME _____

TOURNAMENT HOST CLUB _____ AGE GROUP _____