



City of Winter Garden *Park and Recreation Survey*

Please return completed forms to
the Winter Garden Rec. Department
by either fax, email or mail to:

Fax: 407-656-6504
Email: jpalmer@cwgd.com
Mail: Winter Garden Rec. Dept.
1 Surprise Dr.
Winter Garden, FL 34787

1. Have you or members of your household visited any of the Winter Garden parks during the past year?

- ___ (1) Yes [Please answer questions #2a & #2b.]
___ (2) No [Please go to question #3.]

2a. Approximately how often did you or members of your household visit parks in Winter Garden over the past 12 months?

- ___ (1) 1 to 5 visits ___ (3) 11 to 19 visits ___ (5) Don't know
___ (2) 6 to 10 visits ___ (4) 20 or more visits

2b. Overall how would you rate the physical condition of ALL the Winter Garden parks you have visited?

- ___ (1) Excellent
___ (2) Good
___ (3) Fair
___ (4) Poor

3. Have you or other members of your household participated in any recreation programs offered by the City of Winter Garden Recreation Department during the past 12 months?

- (1) Yes [Please answer questions #3a and #3b.] ___ (2) No [Please go to question #4.]

3b. How would you rate the overall quality of the programs that you and members of your household have participated in?

- ___ (1) Excellent ___ (3) Fair
___ (2) Good ___ (4) Poor

4. Please check ALL the ways you learn about Winter Garden Recreation Department programs and activities.

- | | |
|--|--|
| ___ (01) City utility bill flyer | ___ (07) From friends and neighbors |
| ___ (02) City of Winter Garden Website | ___ (08) School fliers/newsletter |
| ___ (03) Newspaper | ___ (09) Promotions at City events |
| ___ (04) Radio | ___ (10) Conversations with Recreation |
| ___ (05) Television | ___ (11) Other: _____ |

5. Please CHECK ALL the reasons that prevent you or other members of your household from using PARKS, RECREATION FACILITIES AND PROGRAMS of the Winter Garden Recreation Department more often.

- ___ (01) Facilities are not well maintained
- ___ (02) Program or facility not offered
- ___ (03) Facilities do not have the right equipment
- ___ (04) Security is insufficient
- ___ (05) Lack of quality programs
- ___ (06) Too far from our residence
- ___ (07) Health problems
- ___ (08) Fees are too high
- ___ (09) Program times are not convenient
- ___ (10) Use services of other organizations
- ___ (11) Poor customer service by staff
- ___ (12) I do not know locations of facilities
- ___ (13) Availability of parking
- ___ (14) I do not know what is being offered
- ___ (15) Facilities operating hours not convenient
- ___ (16) Registration for programs is difficult
- ___ (17) Other: _____

6. Please indicate if YOU or any member of your HOUSEHOLD has a need for each of the parks and recreational facilities listed below by circling the YES or NO next to the recreational facility.

*Does your household have a need for: Yes or No Does Winter Garden Need
More of these facilities? Yes or No*

- (A) Youth soccer fieldsYes.....No Yes.....No.....
- (B) Youth baseball and softball fieldsYes.....No Yes.....No.....
- (C) Youth football fields.....Yes.....No Yes.....No.....
- (D) Outdoor tennis courtsYes.....No Yes.....No.....
- (E) Adult softball fieldsYes.....No Yes.....No.....
- (F) Children’s playgroundsYes.....No Yes.....No.....
- (G) Off-leash dog park.....Yes.....No Yes.....No.....
- (H) Outdoor swimming pools/water parks...Yes.....No Yes.....No.....
- (I) Large community parks.....Yes.....No Yes.....No.....
- (J) Small neighborhood parks.....Yes.....No Yes.....No.....
- (K) Skateboarding park.....Yes.....No Yes.....No.....
- (L) Walking and biking trailsYes.....No Yes.....No.....
- (M) Nature center and trails.....Yes.....No Yes.....No.....
- (N) Picnic facilities/shelters.....Yes.....No Yes.....No.....
- (O) Rollerblade or inline skating facilities ...Yes.....No Yes.....No.....
- (P) Golf courses.....Yes.....No Yes.....No.....
- (Q) Equestrian trails.....Yes.....No Yes.....No.....
- (R) Fishing areas.....Yes.....No Yes.....No.....
- (S) Boating areasYes.....No Yes.....No.....
- (T) Overnight camping facilitiesYes.....No Yes.....No.....
- (U) Racquetball courtsYes.....No Yes.....No.....
- (V) Other: _____..Yes.....No Yes.....No.....

7. Please indicate if YOU or any member of your HOUSEHOLD has a need for each of the recreation PROGRAMS listed below by circling the YES or NO next to the recreation PROGRAM.

- | <i>Does your household have a need for:</i> | <i>Yes or No</i> |
|--|------------------|
| (A) Youth Learn to Swim programs | Yes.....No |
| (B) Pre-School programs | Yes.....No |
| (C) Before and after school programs..... | Yes.....No |
| (D) Youth outdoor camp programs..... | Yes.....No |
| (E) Youth sports programs | Yes.....No |
| (F) Martial arts programs | Yes.....No |
| (G) Fitness and wellness programs | Yes.....No |
| (H) Water fitness programs..... | Yes.....No |
| (I) Tennis lessons and leagues..... | Yes.....No |
| (J) Youth art, dance, performing arts..... | Yes.....No |
| (K) Adult art, dance, performing arts..... | Yes.....No |
| (L) Adult sports programs | Yes.....No |
| (M) Senior adults programs | Yes.....No |
| (N) Adaptive (special population) programs | Yes.....No |
| (O) Gymnastics and tumbling programs..... | Yes.....No |
| (P) Horseback riding programs | Yes.....No |
| (Q) Community special events..... | Yes.....No |

8. The Winter Garden Recreation Department is studying the possibility of developing a new indoor community recreation center. From the following list, please check ALL the potential indoor programming spaces you and members of your household would use.

- ___ (01) Walking and jogging track
- ___ (02) Arts and crafts room
- ___ (03) Aerobics/fitness class space
- ___ (04) Space for teens
- ___ (05) Dance class space
- ___ (06) Lanes for lap swimming
- ___ (07) Leisure pool (water slides, sprays, etc.)
- ___ (08) Warm water area for therapeutic purposes
- ___ (09) Space for meetings, birthday parties, etc.
- ___ (10) Senior adult program area
- ___ (11) Preschool program space
- ___ (12) Rock climbing/bouldering wall
- ___ (13) Performing arts area
- ___ (14) Weight room/cardiovascular equip. area
- ___ (15) Multi-court gym for basketball/volleyball
- ___ (16) Other: _____

9. Comments or Suggestions for the Winter Garden Recreation Department:
