



# SINGAPORE SOCCER ACADEMY

## Parents' Survey

Name : \_\_\_\_\_

Age : \_\_\_\_\_ Gender :  Male  Female

Occupation : \_\_\_\_\_

Nationality : \_\_\_\_\_

Name of Child : \_\_\_\_\_

Name of Child : \_\_\_\_\_

Class Days :  Mon  Wed  Fri  Sat

Class Timing : \_\_\_\_\_

### WHAT WOULD YOU LIKE TO SEE / DO DURING CLASSES?

Yoga  Motivational Talks  Health Talks  Magazines  Exercise

Trim & Tone Wellness

Others : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### HOW WE CAN SERVE YOU BETTER? Comments on The Academy

Comments : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_