CAPE ST. CLAIRE SWIM CLUB COMPLIMENT/CONCERN/SUGGESTION FORM

Date Filled Out:	
Name: (REQUIRED)	
Address: (OPTIONAL)	
Email: (PREFERRED)	
Phone: (IF NO EMAIL)	

ARE YOU (check all that apply)	
A MEMBER?	
GUEST?	
DRD STAFF?	
SWIM CLUB STAFF?	
SWIM TEAM ATHLETE?	
SWIM LESSON PARENT?	
Response Requested	
Pool Water Quality	
Pool Deck Cleanliness	
Grounds Cleanliness	
Pool Crowding	
Life Guard Staff	
Gate/Check-In Operation	
Behavior	
Rules	
Other	

My Compliment/Concern/Suggestion (CIRCLE ONE) is as follows:

Please fill out and put into box at Pool Gate for action or submit to feedback@capepool.com. The form is available at capepool.com. It is important to use this system so that we can respond to your needs and get your information to the proper individual for action. Compliments are always encouraged.

OFFICE	Date received	
USE	Refer to:	
ONLY	Disposition	