



Evaluation Form

Name: _____ Date: _____

1. Organisation: (Please ✓ tick)

Primary School Secondary School Junior League Senior League Rep Team

2. Age division/gender (eg 13 Years/mixed): _____

3. Role in organisation: (Please ✓ tick)

Principal Teacher Coach Trainer Administrator Player

4. My opinion of *Superstar* Touch : (Please ✓ tick)

Brilliant I love it It's OK I don't like it

I like Aussie *Superstar* Touch because

Superstar Touch can be improved by

If a *Superstar* Touch Competition was organised in your area

I would definitely play I might play I wouldn't play

Thank you for taking the time to complete this evaluation form.



Please fill out and return to...

The Managing Agency

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