

Prospective Racquet Center Member questionnaire

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

E-MAIL: _____

Are you a legal resident of Marco Island? (defined by drivers license or registered to vote) YES / NO

Are you still interested in becoming a member of the Racquet Center? YES / NO

Are you aware of the proposal to use quiet paddles and balls? YES / NO

are you still interested if quiet equipment is mandated?

What times of year are you interested in playing Pickleball at the Racquet Center?

What times of day are preferred?

How many days per week do you anticipate playing?

Any wish list items for amenities or features in future Pickleball build-outs?

COMMENTS / QUESTIONS: