

Preliminary Community Engagement Meeting

Thanks for coming to our meeting! We're excited hear what you want in your park design. The purpose of this questionnaire is to develop ideas for the layout of the park. This survey is your chance to make your voice heard on the project and provides hard data for our designers and engineers to prepare the ideal type of layout for your park.

1. What do you normally ride? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Skateboard | <input type="checkbox"/> Scooter |
| <input type="checkbox"/> BMX Bike | <input type="checkbox"/> Mountain Bike |
| <input type="checkbox"/> Inline Skates | <input type="checkbox"/> Longboard |

2. Describe your perfect skatepark.

- | | |
|---|--|
| <input type="checkbox"/> Plaza Only/No Transition | <input type="checkbox"/> Bowl/Tranny |
| <input type="checkbox"/> Ramp Park | <input type="checkbox"/> Street Course |
| <input type="checkbox"/> Even Between All Disciplines | <input type="checkbox"/> Mix: _____ |

3. Do you travel to any other parks? What did you like there? Are there any other skatespots that you enjoy?

Likes / dislikes

4. On a scale of 1 to 5 with 5 being the highest, rate how important it is to have the following aspects in your park. Fill in blanks with other elements you'd like to see.

#	Banks	#	Benches	#	Bowl / Transition	#	Bumps
#	Flat ground area	#	Gaps	#	Jump Box	#	Ledges
#	Manual Pads	#	Mini-Ramps	#	Pyramid	#	Quarter Pipes
#	Rail variety	#	Spine	#	Stairs	#	Fill in this blank
#	Fill in this blank	#	Fill in this blank	#	Fill in this blank	#	Fill in this blank

5. What are the top 3 obstacles your perfect skatepark would include (be specific)?

- A.
B.
C.

6. Be honest: What's your skill level?

- Beginner Intermediate Advanced

7. What's your age?

8. Email Address:

9. How many days a week would you get out and ride the skatepark in your town?

- | | |
|---|--|
| <input type="checkbox"/> 1. One Day a Week | <input type="checkbox"/> 5. Five Days a Week |
| <input type="checkbox"/> 2. Two Days a Week | <input type="checkbox"/> 6. Six Days a Week |
| <input type="checkbox"/> 3. Three Days a Week | <input type="checkbox"/> 7. Every Day |
| <input type="checkbox"/> 4. Four Days a Week | |

10. Use the back of this page to write about anything else we should do for the park. Draw unique features or anything else that you'd like to have in the park.