

Total Return : 15 Teams

## 2010 Taipei International Table Tennis Championships

### Questionnaire for Participating Teams

Would Team Managers/Head Coaches of each of the participating teams please complete the simple questionnaire on the Championships, as this would help us to improve in future competitions for people with disability, and return to the Technical Delegate by noon on 23<sup>rd</sup> July, 2010.

Please give a "tick" to the boxes of your choice in below :-

	<u>Very Good</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Very Poor</u>
1. Hotel					
Lobby	10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>
Bed Room	8 <input type="checkbox"/>	4 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>
Bath Room	7 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>
Comments, if any :	_____				

2. Meals					
Breakfast	11 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>
Lunch (box)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Dinner	4 <input type="checkbox"/>	5 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
Comments, if any :	_____				

3. Transportation					
Bus from airport to Hotel	5 <input type="checkbox"/>	9 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>
Comments, if any :	_____				

4. Managers Meeting					
Venue (in Hotel)	8 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
Information clear	7 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>
Comments, if any :	_____				

5. Communications					
Organizing Committee	3 <input type="checkbox"/>	7 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>
Liaison Officers	5 <input type="checkbox"/>	7 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>
Competition Information	3 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>
Comments, if any :	_____				

6. Competition Format					
Comments, if any :	_____				

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