



SPRINGVILLE SKATEPARK QUESTIONNAIRE/COMMENT FORM

Name: _____ Age: _____

Contact info: _____ Years Skating: _____

What do you like about the current concept?

What do you feel is missing from the current concept?

Based on the Preliminary Concept, what can be included to make this skatepark represent Springville?

Please use the back of this sheet for any additional comments or drawings