**Western Cape Gymnastics Association**

**Competition Feedback Form**

**Name of Competition:**

**Date:**

**Venue:**

**Capacity (eg, Parent, Coach, Judge etc):**

**(Please email the completed form to the Western Cape Office at** [**info@wcga.co.za**](mailto:info@wcga.co.za)**)**

**1. What did you like about the event?**

**2. What was not done to your satisfaction?**

**3. What would you like us to do differently?**

**4. Other Queries, Ideas or Recommendations**