



BIG RAPIDS SKATEPARK QUESTIONNAIRE/COMMENT FORM

Name: _____ Age: _____

Contact info: _____ Years Skating: _____

How many times a week do you skate? _____

Where do you currently skateboard and/or what type of terrain do you enjoy skating:

What type of skate elements would you like to see incorporated into the Skatepark Design (Bowls, stairs, rails, pyramids, etc.)?

What type of non-skate elements would you like to see incorporated into the Skatepark Design (lights, drinking fountains, etc.)?

What can be included in the designs to make this Skatepark represent Big Rapids?

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