



**NEWTON**  
NORTH CAROLINA

# The City of Newton wants to hear from you!

What do you like to do? What activities do you enjoy?

Please take the time to let us know your interests so we can provide quality Parks and Recreation services that are accessible to all residents.

1. Are you an Newton resident (reside within the Corporate Limits of Newton)?  
 Yes       No       Don't Know

2. If yes, how long have you lived in Newton?  
 less than 3 years       6-10 years       over 15 years  
 3-5 years       11-15 years

3. What is your gender?  
 Male       Female

4. What are the ages of the members in your household? (please indicate the number of people in each age group)  
 Under 5       Age 15 - 19       Age 35 - 44       Over 65  
 Age 5 - 9       Age 20 - 24       Age 45 - 54  
 Age 10 - 14       Age 25 - 34       Age 55 - 64

5. Do you or a family member visit Newton Park Facilities? If so, which ones? Mark all that apply:

<input type="checkbox"/> Central Recreation Department	<input type="checkbox"/> Westside/Jaycee Park
<input type="checkbox"/> Newton Swimming Pool	<input type="checkbox"/> East Newton Park
<input type="checkbox"/> Historic Newton Depot	<input type="checkbox"/> Little Brook Park
<input type="checkbox"/> Southside Community Building	<input type="checkbox"/> Heritage Trail Greenway
<input type="checkbox"/> Southside Park	<input type="checkbox"/> Jacob Fork Park
<input type="checkbox"/> Northside/Broyhill Park	<input type="checkbox"/> Yount Park

6. What is your favorite Newton Park (choose one)

<input type="checkbox"/> Central Recreation Department	<input type="checkbox"/> Westside/Jaycee Park
<input type="checkbox"/> Newton Swimming Pool	<input type="checkbox"/> East Newton Park
<input type="checkbox"/> Historic Newton Depot	<input type="checkbox"/> Little Brook Park
<input type="checkbox"/> Southside Community Building	<input type="checkbox"/> Heritage Trail Greenway
<input type="checkbox"/> Southside Park	<input type="checkbox"/> Jacob Fork Park
<input type="checkbox"/> Northside/Broyhill Park	<input type="checkbox"/> Yount Park

7. If you could pick one thing you would add to any of the parks above what would it be:

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8. What are your top five recreational activities: (number 1-5, 1 is your most favorite)

- |  |   |
|--|---|
| <input type="checkbox"/> Aquatics/Swimming | <input type="checkbox"/> Boating                |
| <input type="checkbox"/> Arts and Crafts   | <input type="checkbox"/> Concerts               |
| <input type="checkbox"/> Basketball        | <input type="checkbox"/> Canoeing/Kayaking      |
| <input type="checkbox"/> Bird Watching     | <input type="checkbox"/> Performing Arts        |
| <input type="checkbox"/> Bocce             | <input type="checkbox"/> Golf                   |
| <input type="checkbox"/> Camping           | <input type="checkbox"/> Fishing                |
| <input type="checkbox"/> Disc Golf         | <input type="checkbox"/> Sightseeing            |
| <input type="checkbox"/> Karate            | <input type="checkbox"/> Softball               |
| <input type="checkbox"/> Football          | <input type="checkbox"/> Tennis                 |
| <input type="checkbox"/> Sailing           | <input type="checkbox"/> Walking/Hiking/Running |
| <input type="checkbox"/> Soccer            | <input type="checkbox"/> Gymnastics             |
| <input type="checkbox"/> Volleyball        | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Fitness Programs  | _____   |
| <input type="checkbox"/> Senior Programs   | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Aerobics          | _____   |
| <input type="checkbox"/> Baseball          | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Biking            | _____   |

9. What type of Cultural Arts program would you most likely attend or participate in, please pick your top five: (number 1-5, 1 is your most favorite)

- |   |   |
|---|---|
| <input type="checkbox"/> Plays                            | <input type="checkbox"/> Local Arts Vendors         |
| <input type="checkbox"/> Musicals                         | <input type="checkbox"/> Arts Classes               |
| <input type="checkbox"/> Children/family plays            | <input type="checkbox"/> Movies                     |
| <input type="checkbox"/> Symphony                         | <input type="checkbox"/> Lectures and Presentations |
| <input type="checkbox"/> Contemporary Band or Music Group | <input type="checkbox"/> Performing Arts Classes    |
| <input type="checkbox"/> Visual Arts Show                 | <input type="checkbox"/> Dinner Theater             |
| <input type="checkbox"/> Other _____                      | <input type="checkbox"/> Drama and Theater Classes  |
| _____   | <input type="checkbox"/> Other _____                |
| _____   | _____   |

10. If you could spend \$100 on the items below, how much would you spend? You may spend your \$100 on one item, none, or on several, as long as the total is \$100!

- |  |  |
|--|--|
| <input type="checkbox"/> Open Lawn Areas                 | <input type="checkbox"/> Special Population Programs |
| <input type="checkbox"/> Events Lawn/Events Space        | <input type="checkbox"/> Historic Interpretation     |
| <input type="checkbox"/> Picnic Areas                    | <input type="checkbox"/> Disc Golf Course            |
| <input type="checkbox"/> Baseball/Softball Fields        | <input type="checkbox"/> Greenways/Walking Trails    |
| <input type="checkbox"/> Playgrounds (ages 12 and under) | <input type="checkbox"/> Adventure Programs          |
| <input type="checkbox"/> Skate Park                      | <input type="checkbox"/> Cultural Parks              |
| <input type="checkbox"/> Soccer Fields                   | <input type="checkbox"/> Water Access                |
| <input type="checkbox"/> Rock Climbing                   | <input type="checkbox"/> Other _____                 |
| <input type="checkbox"/> Swimming Pool                   | _____  |
| <input type="checkbox"/> Dog Park                        | <input type="checkbox"/> Other _____                 |
| <input type="checkbox"/> Environmental Education Center  | _____  |
| <input type="checkbox"/> Senior Center                   | <input type="checkbox"/> Other _____                 |
| <input type="checkbox"/> Public Art                      | _____  |

11. Please tell us which age groups/category you would like programs for: (place an x in the row under the appropriate heading)

	Very Important	Important	Neutral	Unimportant	Very Unimportant
Youth (up to Age 12)					
Teens (ages 13-17)					
Adults (ages 18-54)					
Seniors (ages 55 and over)					
People with disabilities					
Help Improve physical health					
Help Improve mental wellness					

12. What is your favorite type of Special Event? Please pick your top three: (number 1-3, 1 is your most favorite)

- |   |  |
|---|--|
| <input type="checkbox"/> Concert            | <input type="checkbox"/> Annual 5k Run             |
| <input type="checkbox"/> Outdoor Movie      | <input type="checkbox"/> 30/60/100 Mille Bike Ride |
| <input type="checkbox"/> Parade             | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> Adventure Racing   | _____  |
| <input type="checkbox"/> Community Festival |  |

13. Please let us know any additional thoughts or comments on how we can improve your recreational and leisure services within the City of Newton.

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