



Minifootball Association  
IRELAND

# Minifootball Association Ireland

## League/Venue Questionnaire



Minifootball Association  
IRELAND

**Name of League/Venue:** \_\_\_\_\_

**Q1. How many members does your League/Venue have?** (Approximate figure)

\_\_\_\_\_

(Please circle the appropriate box)

**Kids** \_\_\_\_\_ **Yes** **No**      **Women** \_\_\_\_\_ **Yes** **No**

**Men** \_\_\_\_\_ **Yes** **No**      **Over 35's** \_\_\_\_\_ **Yes** **No**

**Q2. What do you expect from Minifootball Association Ireland:** (Please specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Q3. What do you need from Minifootball Association Ireland:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Q4. Any ideas/proposals you may have:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Q5. What can you offer to the association:**

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**Q6. How much would you expect the cost of membership to be for the association:**

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**Q7. Over the next five years what changes do you expect in playing member numbers for your League/Venue: (Please tick the appropriate box)**

|                  | Increase                              | Stay the same level        | Decrease                   | Increase or Decrease by % |
|------------------|---------------------------------------|----------------------------|----------------------------|---------------------------|
| <i>Example</i>   | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <i>5% Increase</i>        |
| <b>Your Club</b> |                                       |                            |                            |                           |
| Kids             | <input type="checkbox"/> 1            | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |                           |
| Men              | <input type="checkbox"/> 1            | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |                           |
| Women            | <input type="checkbox"/> 1            | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |                           |
| Over 35's        | <input type="checkbox"/> 1            | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |                           |

**Q8. Please list all the pitches/Locations that your League regularly use for training/matches:**

|   |  |   |  |
|---|--|---|--|
| 1 |  | 4 |  |
| 2 |  | 5 |  |
| 3 |  | 6 |  |

**Q9. Which of these issues is currently a concern for your Venue/League: (Tick box)**

Lack of funding ----- 01

Lack of volunteers to stand for committee positions ----- 02

Lack of coaches ----- 03

- Lack of team managers ----- 04
- Membership recruitment / retention ----- 05
- Access difficulties for members (cost, transport etc) ----- 06
- Lack of pitches to support the number of teams ----- 07
- High maintenance for pitches/clubrooms ----- 08
- Other (PLEASE SPECIFY)

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**Q10. Have you turned prospective players away this season:** (Please circle appropriate box)  
 Yes    No

**What age groups have you turned away:** (Please specify)

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**What was the main reason for this:**

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**Q11. Does your league/venue have members with disabilities:**(Please circle appropriate box)  
 Yes    No

**Q12. If you have any further comments or views relating to this Questionnaire please state them below:**

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*Thank you for your help*

**Please return to:**

**Address:** Minifootball Association Ireland

**Minifootball Association Ireland  
1st Floor  
Reuben House  
Reuben Street  
Dublin 8, Ireland**

OR

**Email:** [info@maireland.com](mailto:info@maireland.com) marked for the attention of 'League/Venue Questionnaire'