

# Tell us What you Think...



Please take a moment to let us know how we're doing. We value your input and want to be sure we meet your expectations.

**1.) Are you a resident of Dunedin?**

Yes     No    If No, what city do you reside in? \_\_\_\_\_, \_\_\_\_\_

**2.) Have you, or a household member, participated in any recreation programs within the past year?**

Yes     No    If Yes, please list:

Name of program/class:	How was the experience?	Comments?
_____	<input type="radio"/> Excellent <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor	_____
_____	<input type="radio"/> Excellent <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor	_____
_____	<input type="radio"/> Excellent <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor	_____
_____	<input type="radio"/> Excellent <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor	_____

**3.) Based on your experience(s), would you recommend us to a friend?**

Yes     No    If No, why? \_\_\_\_\_

**4.) What types of classes or activities would you like to see offered for adults or seniors?**

**5.) What types of classes, activities or camps would you like to see offered for kids?**

**6.) If you have a special skill or certification and would be interested in teaching a class, please provide a brief description and your contact information below.**

**7.) Any other comments or suggestions?**

**8.) Optional:** Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_