

WEST SHORE PARKS & RECREATION PARTICIPANT FEEDBACK FORM



PROGRAM NAME:

LOCATION: Juan de Fuca Recreation Centre Centennial Centre OTHER (*Specify*):

HOW DID YOU HEAR ABOUT THE PROGRAM: Web site E-mail Activity Guide Recommendation
 Facebook Front Sign Taken It Before Instructor Reputation

I REGISTERED: Online In Person By Phone

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
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REGISTRATION

When I registered, staff were friendly, knowledgeable and professional.

PROGRAM

The program met my expectations.

I enjoyed this program.

The number of participants was appropriate for the program and space.

I would recommended this program to others.

INSTRUCTOR

The instructor was on time, organized and enthusiastic.

The instructor was knowledgeable and well qualified to facilitate the program.

FACILITY

The program space was clean and comfortable.

Supplies and equipment were appropriate and in good condition.

The facility (washrooms, lobby, hallway) were clean, comfortable and inviting.

PLEASE PROVIDE THE FOLLOWING INFORMATION IF YOU WOULD LIKE US TO RESPOND TO YOUR FEEDBACK

NAME: _____ **PHONE:** _____

E-MAIL: _____

May we contact you via E-mail with upcoming West Shore Parks & Recreation programs and events? No Yes

Please provide additional comments, ideas, or suggestions for improving our programs on the back:

