



BRACEBRIDGE RECREATION
Land/Water Fitness Program Evaluation

In order to serve you better, would you take a moment to complete this Land/Water Fitness Program Evaluation form? Your comments are valuable as changes to our programs are based on the information you provide below. Thank you for your time.

Name of Fitness/Aqua Class: _____ Session: _____ Instructor: _____

FACILITY: BRACEBRIDGE SPORTSPLEX

1. Overall, how would you rate the following:

GROUP FITNESS STUDIO	EQUIPMENT	INSTRUCTOR	AQUATIC POOL/THERAPY (if applicable)
Excellent Great OK Alright Comments:	Excellent Great OK Alright Comments:	Excellent Great OK Alright Comments:	Excellent Great OK Alright Comments:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Were you encouraged to work to your potential? YES NO

If your goals were not attained, what additions to the program would have helped you reach your goals?

What other programs/fitness classes would you like to see offered ?____

Would you recommend the class to another person? YES NO

If you would like us to extend a "buddy" invitation to attend a **free class** to someone you know, please provide their contact information below.

Name: _____ Phone Number: _____
 Address: _____
 Comments: _____
