

## How may we better serve you?

Please tell us about any ideas or suggestions that you have in the following areas...

New class/camp/workshop ideas?

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Different class times or days?

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Registration Process?

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Session length/structure?

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Areas that could be improved?

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Other Comments/Suggestions:

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Thank you for your suggestions!

Return Address



# PROGRAM EVALUATION

Class/Program Name: \_\_\_\_\_

Instructor: \_\_\_\_\_

Day/Time of Class/Program: \_\_\_\_\_

Today's Date: \_\_\_\_\_

City of Longmont  
Recreation Services  
700 Longs Peak Ave.  
Longmont, CO 80501

City of Longmont  
Recreation Services

Recreation Center  
303-774-4800  
St. Vrain Memorial Building  
303-651-8404

PLACE  
STAMP  
HERE

