

Member Survey for the Group Exercise Program

In an effort to provide you with the highest level of customer service, Delta Valley Athletic Club would appreciate your input. Your opinion is important to us and will be used to evaluate and enhance our Group Exercise Programs. If you have any suggestions or ideas, please let us know how we can improve the offerings to better serve our members. Please take a moment to complete this survey and submit by return e-mail or deposit at our service desk by **August 15**.

Thank you for your input!

Please select as many as applicable.

What type of Group Exercise classes would you like to see added to our schedule?

- Tai Chi
- Circuit
- Low Impact
- Senior
- Other _____

What day and time would you participate in these classes?

- | | | |
|----------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> 5:30am | <input type="checkbox"/> 4:00pm | <input type="checkbox"/> Monday |
| <input type="checkbox"/> 6:00am | <input type="checkbox"/> 4:30pm | <input type="checkbox"/> Tuesday |
| <input type="checkbox"/> 6:30am | <input type="checkbox"/> 5:00pm | <input type="checkbox"/> Wednesday |
| <input type="checkbox"/> 7:00am | <input type="checkbox"/> 5:30pm | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> 7:30am | <input type="checkbox"/> 6:00pm | <input type="checkbox"/> Friday |
| <input type="checkbox"/> 11:00am | <input type="checkbox"/> 6:30pm | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> 11:30am | <input type="checkbox"/> 7:00pm | <input type="checkbox"/> Sunday |
| <input type="checkbox"/> 12:00pm | <input type="checkbox"/> 7:30pm | |
| <input type="checkbox"/> 12:30pm | <input type="checkbox"/> Other: | |
| <input type="checkbox"/> 1:00pm | | |

Comments:

Name _____

Phone# _____ **E-mail** _____