Fitness Class Participant Feedback Form

| Name | |
|---|---|
| | |
| Fitness Class Attended | |
| | |
| Instructor | |
| | |
| Date Attended | |
| | |
| Overall Satisfaction (1-5) | |
| | • |
| Facility & Equipment Feedback | |
| | |
| | |
| Instructor Feedback | |
| | |
| | |
| What did you enjoy most? | |
| | |
| Suggestions for Improvement | |
| | |
| | |
| Would you recommend this class to others? | |
| | • |