

Fitness Bootcamp Session Feedback Form

Name

Email

Session Date

How would you rate the session?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Which parts did you enjoy? (Select all that apply)

- ☐ Warm-up
- ☐ Main Workout
- ☐ Cool Down
- ☐ Group Activities

Any suggestions for improvement?

Overall Comments