



Name: ..... How many people in your group? .....

How far have you travelled today (distance / time)? .....

How did you hear about the event? .....

How did you feel when you arrived? .....

How do you feel now at the end of the session? .....

What was your favourite part of the day? .....

How included did you feel in today's activities?

Overall, how would you rate this monitoring day?



Not at all Not much Neutral Mostly Completely



Awful Not very good Okay Really good Fantastic

Will you visit again? **YES NO MAYBE**

Would you like to stay in touch and hear about more activities by email? **YES NO**

If yes, please use this email address\* .....

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