

Brandon Township Parks & Recreation

Survey Form

Program:	Season:	Year:	
nstructor(s):			
Was this program enjoyable for the participant? Comments:	Yes	No	
2 Was playing time adequate for the participant? Comments:	Yes	No	
Were the registration fees reasonable? Comments:	Yes	No	
4 Was adequate equipment provided for the program? Comments:	Yes	No	
5 Was the staff helpful and courteous? Comments:	Yes	No	
6 Would you recommend this program to others? Comments:	Yes	No	
7 Are there any improvements you would recommend for thi			
dditional Commonts.			

Additional Comments:

Please return this from to: $Brandon \ Township \ Parks \ \& \ Recreation$

P.O. Box 929, 395 Mill Street

Ortonville, MI 48462-0929

Phone 248-627-4640 Fax 248-627-6560

E-mail: brandonrec@brandontownship.us

Our office hours are Monday through Friday, 8:30 a.m. to 5:00 p.m. We also have a bright blue drop box in the back of the building for after-hours convenience.