



ALBERTA FENCING ASSOCIATION PROGRAM REVIEW

NAME OF PROGRAM:

DATE(S) OF PROGRAM:

INSTRUCTOR NAME:

LOCATION OF PROGRAM:

PARTICIPANT NAMES

1		9	
2		10	
3		11	
4		12	
5		13	
6		14	
7		15	
8		16	

REVIEW QUESTIONS - PLEASE COMMENT ON THE FOLLOWING

Was the venue appropriate? _____

Were the materials provided appropriate? _____

Was there any problems/concerns? _____

How could we improve the quality of this program? _____

Please make recommendations regarding this program. _____