Lady Wellness
Group Exercise Survey Form

We are continuously striving to improve our group exercise program. Your feedback and suggestions in this regard are very important to us. Please take a moment to complete the following survey and let us know how we can better service you. Although our goal is to accommodate every individual member, please understand that we must consider the needs and desire of the majority.

Member Name_____

Day Phone ( )_____

Evening Phone ( )_____

Member since_____

I usually attend group exercise on: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

I usually attend group exercise on: _____ AM and/or _____ PM

My class style preference is: Step Hi/Lo impact Floor Cycling Muscle Conditioning Circuits Specialty Classes such as:_____ _____

Are there Group Fitness classes you would like to see added?
Yes or No (circle one)

If yes, what class and time_____

_____

_____

Are there current Group Fitness classes you attend you would like to see changed to a different format or just at a different time?
Yes or No (circle one)

If yes, what class and time_____

_____

_____

***Any further comments or concerns you may have may be written on the back.