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|  | Suggestions for Club Program |

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| As a member of | Click here to enter text. | VIEW Club, we are |
| interested in getting your feedback for the Clubs’ program. | | |

Fill out the form below and return to the Program Officer as soon as possible. Thank you!

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| **Name:** | Click here to enter text. | | |
| **Telephone:** | Click here to enter text. | Email: | Click here to enter text. |

Are you interested in the following activities?

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| --- | --- | --- | --- | --- | --- | --- |
| **Please Tick** | **Yes** | **No** |  | **Please Tick** | **Yes** | **No** |
| Theatre Parties |  |  |  | Day Bus Trips |  |  |
| Discussion Groups |  |  |  | Holiday Trips |  |  |
| Walking Groups |  |  |  | Craft Day |  |  |
| Debating |  |  |  | Card Games |  |  |
| Book Clubs |  |  |  | Social Get together |  |  |
| Movie Days |  |  |  | Inter Club Functions |  |  |
| Walk with VIEW |  |  |  | Cooking Demonstrations |  |  |
| Literary Lunch |  |  |  |  |  |  |

Do you have any other suggestions for activities?

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| --- |
| Click here to enter text. |

What topics would you like to hear about from our Guest Speakers?

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| --- |
| Click here to enter text. |