



Suggestions for Club Program

As a member of _____ 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!

Name: _____

Telephone: _____ **Email:** _____

Are you interested in the following activities?

Please Tick	Yes	No	Please Tick	Yes	No
Theatre Parties	<input type="checkbox"/>	<input type="checkbox"/>	Day Bus Trips	<input type="checkbox"/>	<input type="checkbox"/>
Discussion Groups	<input type="checkbox"/>	<input type="checkbox"/>	Holiday Trips	<input type="checkbox"/>	<input type="checkbox"/>
Walking Groups	<input type="checkbox"/>	<input type="checkbox"/>	Craft Day	<input type="checkbox"/>	<input type="checkbox"/>
Debating	<input type="checkbox"/>	<input type="checkbox"/>	Card Games	<input type="checkbox"/>	<input type="checkbox"/>
Book Clubs	<input type="checkbox"/>	<input type="checkbox"/>	Social Get together	<input type="checkbox"/>	<input type="checkbox"/>
Movie Days	<input type="checkbox"/>	<input type="checkbox"/>	Inter Club Functions	<input type="checkbox"/>	<input type="checkbox"/>
Walk with VIEW	<input type="checkbox"/>	<input type="checkbox"/>	Cooking Demonstrations	<input type="checkbox"/>	<input type="checkbox"/>
Literary Lunch	<input type="checkbox"/>	<input type="checkbox"/>			

Do you have any other suggestions for activities?

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