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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?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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?

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