

Survey

Form

Name: _____	Contact _____
Date: _____	Details _____
Place: _____	_____

Any comments you have on the options discussed this evening?

Any other ideas that you think have not been explored?

	Yes	Maybe	No
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Would you be prepared to volunteer to help with the running of the Key Centre?

Would you be prepared to volunteer to be on a management board?

Thank you for your valuable feedback!