

Exercise Your Opinion



Dear Member,

Our number one goal is to provide you a great fitness program. We want you to enjoy your visits and feel comfortable with the participating location staff, equipment and classes. Please share your comments and/or suggestions about how we can improve your experience.

I am a current member of:

SilverSneakers

Prime

I am:

very satisfied

somewhat satisfied

neither satisfied nor dissatisfied

somewhat dissatisfied

very dissatisfied

Please tell us why: _____

How has this program improved your health: _____

Please print.

Member name: _____ Date: _____

Address: _____

City: _____ Phone: _____

E-mail address: _____

Participating location name: 22761 - Brunswick Recreation Center

Sponsoring health plan /organization: _____

By signing this sheet, I give permission for Healthways to use my comments and to be contacted directly regarding my testimonial via the contact information I have given.

Signature

Please check this box to receive updates and information from your fitness program via e-mail. Your e-mail address will not be shared with any third parties and you can opt out at any time.

Please fax completed form to 1-800-327-9151.

Office use only Member name:

Date:

HP:

State: