



Participant Comments

Your feedback is a gift! We welcome both positive and negative comments. Please let us know how you have benefited from participating in the class, and/or how it could be improved.

Thank you!

Location: _____

Your first name: _____

Date: _____

May we share your comments, with your first name ONLY and site/location name, in newsletters and other program materials? *(please circle one)* YES NO

Comments: _____

What to do with this form...

- 1) Give it to your EnhanceFitness instructor.
- 2) Mail or fax it to the Michigan Department of Health and Human Services

MAIL to:
MDHHS – Enhance Fitness Program
109 W. Michigan Ave, 7th floor
Lansing, MI 48933

FAX to:
- OR - (517) 335-9461