

BALLROOM FIT



Ballroom Fit Feedback Form

Please tick whichever applies:

Complaint

Compliment

Suggestion

Your Details:

Name: Phone:

Address: Email:

If you are providing feedback on someone else's behalf their name:

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Feedback:

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Class and venue:

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Date of class:/...../.....

Signature:

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Date feedback provided:

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Ballroom Fit thank you for providing your feedback