

Put an 'X' by the programs you would like to see offered through the Clarksville Recreation Program:

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|-------|-------------------------|-------|-----------------------|
| _____ | Adult fitness class | _____ | Cooking class |
| _____ | Yoga/pilates class | _____ | CPR class |
| _____ | Weight training | _____ | First Aid class |
| _____ | Learn to Crochet/Knit | _____ | Scrapbooking Sessions |
| _____ | Music Classes | _____ | Dance lessons |
| _____ | Adult volleyball league | _____ | Learn to Fish |
| _____ | Adult softball league | _____ | Babysitting Clinic |
| _____ | Youth soccer program | _____ | Photography class |
| _____ | Computer classes | _____ | Art classes |
| _____ | Gardening | _____ | Youth fitness class |
| _____ | Flower gardens | _____ | Open gym time |

Other suggestions: _____

Please list a skill or talent that you would be willing to teach a class or offer as an activity. Please include your name and contact phone number.

Thank you for taking the time to complete this survey.