

# Participant Feedback Form- YYYY/YYYY

## Participant Information

Participant Name (First L.): \_\_\_\_\_ Length of time at HH: \_\_\_\_\_  
Favorite Horse, Instructor, and/or Volunteer: \_\_\_\_\_

## Questions for You!

Question: CENTER NAME plans on offering Educational events during the upcoming Program year. What topics would you like to learn about? \_\_\_\_\_

Answer: \_\_\_\_\_  
\_\_\_\_\_

Question: Do you have any suggestions for CENTER NAME during this coming year? \_\_\_\_\_

Answer: \_\_\_\_\_  
\_\_\_\_\_

Question: What is the main reason you continue to participate in CENTER NAME Programs? \_\_\_\_\_

Answer: \_\_\_\_\_  
\_\_\_\_\_

## Testimonial

Please briefly share how CENTER NAME has impacted you/your Participant.

*Often times CENTER NAME is asked to give testimonials from Participants to support grant applications, inform private donors, etc. so they can see where the money is going and who is impacted by our Programs. We as staff also love to hear how the programs have impacted our Participants*

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\_\_\_\_\_

Continue on back if needed →

Can we share this with donors, on our website, social media, etc? YES NO

Can we include a photo of your Participant and their horse? YES NO

Can we use your Participants FIRST NAME (no last name will ever be shared). If NO, we will sub in a they, he, she, etc.

YES, use their FIRST Name

NO, sub in a word