FRIENDS OF BRAMBLEHAIES COFFEE MORNING

FEEDBACK

**How often do you attend our coffee mornings:-**

Always   Sometimes  Never 

If never, is there a specific reason:

Location  transport  parking  time 

other (please specify) ………………………………………………………

**Location:-** Would you be prepared to travel locally to attend ie. Willand, Cullompton or surrounding areas

 YES  NO 

**Parking:-** Would parking be a factor for you NOT to attend?

 YES  NO 

**Venue:-** do you have any disabilities that would need to be taken into consideration ie stairs etc YES  NO 

**Do you prefer to: - Pay an entrance fee**  **or for refreshments** 

**Which stalls do you like to see (tick more than 1 if you wish):-**

Raffle/Draw  Cake Stall  Bric-A-Brac  Books 

Tombola  Refreshments 

**Would you be interested in hourly talks on specific health subjects ie. Asthma, Dementia, Diabetes, Heart Disease etc** YESNO

**What other activities would you like to see?** Games with prizes 

Drawing or making competition 

Any other ideas:- ………………………………………………………………………………………..

We welcome offers of help, so if you would you like to be part of the Friends of Bramblehaies Team (organising fund raising events), please provide your name and a contact number:-

Name: …………………………………………………… Contact number: ……………………….