

YOUR
LOGO
HERE



Family Wellness Night

Welcome to an evening of health and wellness at YOUR SCHOOL NAME

DATE | TIME

Marketplace: TIME

Stations include:

- Marketplace: E.G.
- Physical Literacy with Activate Aurora – **Classroom** –
- Therapy Dogs – **Classroom** -
- Arts and Crafts – **Classroom** –
- Pedalheads – **Classroom**
- YRCCS - Confidence and Self Esteem Workshop (6:30pm) – **Classroom**
- York Region Centre for Community Safety, CMHA, York Region Food Network, Stress Wheel and snack station - **Hallway.**

Special Sessions:

6:15 pm **Zumba** – Gym

6:45 pm **Karate** – Gym

7:20 pm **Officer Ron - Library**

8:00 pm **Raffle draw** – Stay until the end for your chance to win!

***Please fill out and return the feedback form on reverse, thank you!**

YOUR SCHOOL NAME Family Wellness Night

Feedback Form

1. Age(s) of children attending the event _____

2. How would you rate the evening's activities? (Please circle)

1
Needs
improvement

2

3

4

5
Fantastic!

3. What was your favourite activity? _____

4. Did you like the food? ☐ Yes ☐ No

5. Would you attend another event like this at your school? ☐ Yes ☐ No

6. What would you improve about tonight? Any additional comments?

Name _____ Email _____

Please return this form before you leave

Thank you!

