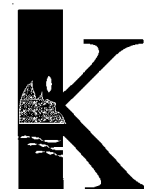




**KILLOWEN OUTDOOR
EDUCATION CENTRE**



Student Comments

Student Name:

School/Youth Club:

Date of Visit:

What was your favourite part of the visit?

.....
.....
.....

Tell us about the most exciting activity that you did.

.....
.....

**What did you think about the staff and food at the
Centre?**

.....
.....

**Did you have fun with your Instructor and would you
like to come back again?**

.....
.....
.....

Signed:

Date:

Please return this form to the office or to your leader and we will look forward to seeing you again at the Centre in the near future