

Bay County Library System Program Survey

Your feedback is very important to us! Please help us improve our programs. Thank you!

Name of Program: _____ Date: _____

Comments: _____

Suggestions for future presenters: _____

Suggestions for future topics: _____

Would you like to receive a copy of our Library Tidings newsletter by mail _____ or email _____?

Name _____

Address _____

City _____ State _____ Zip Code _____

Email Address _____
