

Testimonials

Please take a few minutes to fill out this short questionnaire. Your answers will be used both on the www.YogaCheryl.com website and in future grant proposals as testimonials about the Living with Cancer yoga program.

What brought you to class? Doctor's recommendations, need deep relaxation, etc.?

How has the Living with Cancer yoga program helped you during your healing process? Please explain any measurable benefits that you have noticed in your body or stress levels from participating in the classes.

What are the benefits of having both a teacher and assistants or volunteers in the classes?

Why do you attend these yoga classes rather than other classes offered in the area?

Is there another time during the week that would meet your scheduling needs better, such as offering class on a weekday evening or during the weekend morning, afternoon or evening?

TESTIMONIAL & PHOTO RELEASE

May we use these testimonials on the YogaCheryl.com, PiedmontYogaStudio.com or PiedmontYogaCommunity.org websites and in other promotional materials?

YES NO

May we use photographs taken during the class on the YogaCheryl.com, PiedmontYogaStudio.com or PiedmontYogaCommunity.org websites and in other promotional materials?

YES NO

Name: _____ Date: _____

Signature: _____