

**Evaluation Form**

**Gentle Somatic Yoga® Workshops, Teacher Trainings, and Retreats**

Name: \_\_\_\_\_ Event: \_\_\_\_\_

How did this GSY event benefit you professionally and/or personally?

What did you like best about this GSY Event?

What would you omit and/or add to this program?

Additional Comments:

Suggestions for future GSY Immersion Retreats and Teacher Training locations (ie. yoga studios, retreat centers, etc)

May we use your comments for testimonials on our website and/or newsletter?

Yes\_\_\_ No\_\_\_ *(Feel free to write on the back of this paper if you need more space...)*

