

# ACBL District 11 Survey

**YOUR NAME** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **City/State** \_\_\_\_\_

**Check all that apply:**

_____ <b>Director</b>	_____ <b>Club manager</b>	_____ <b>Club Owner</b>
_____ <b>Club Board</b>	_____ <b>District Board</b>	_____ <b>Unit Board</b>
_____ <b>Teacher (non-certified)</b>	_____ <b>ACBL Certified Teacher</b>	
	_____ <b>Club or unit membership chair</b>	

**What topics would you be interested in discussing at future roundtables?**

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**Would you have an interest in attending teacher training if it were offered at District 11 Regionals** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**Other questions to be answered or ideas to share:**

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