

Unit 6 & 7, The Glover Centre 23-25 Bury Mead Road, Hitchin Hertfordshire SG5 1RP

Tel No: 01462 530710

Email: enquiries@happydayscharity.org
Website: www.happydayscharity.org
Charity Reg No: 1010943

## MONITORING FORM DAY TRIPS/GROUP ACTIVITY HOLIDAYS/VISITING THEATRE PERFORMANCES

IT IS COMPULSORY THAT YOU COMPLETE AND RETURN THIS FORM WITH FEEDBACK SUCH AS LETTERS, DRAWINGS AND PHOTOGRAPHS

Name of Group			
	(For example school, special needs group etc.)		
Address			
Destination		Date of Trip	
How many Child	dren benefitted	How many Carers were required	
Plagga latius kna	w the following by inserting	· ·	
1 Excellent			6 Vary Daar
Excellent	2 Very Good 3 Goo	d 4 Average 5 Poor	<b>6</b> Very Poor
A How well did	we organise the trip	<b>B</b> The Coach/Transport	
a Ti Di	V: 1		
The Place you	Visifed		
	, ,	ects of the trip were particularly good or if c	ertain things
ould be improv	ed.		