CCAA Participant Experiences

Name: _____

Exercise Class Name and Time: _____

Number of months/years you've been attending exercise programs at CCAA: ____

In approximately 200-300 words, describe the benefits of the Program (physical, psychological, affect on overall well-being, and social aspects):

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You may use this template or your own document. Please ensure to include **all** the information on this form. Please attach an electronic photo of yourself or a class photo and submit it by email to ccaa@uwo.ca .

Thanks for your time!