FEEDBACK FORM

Wisconsin Carry, Inc. CCL Training Course

		Unsatisfied	Neutral	Satisfied	COMMENTS
1.	Please rate your overall satisfaction with the course you took today.	1	2	3 4 5	_____
2.	Do you feel the content was: (circle one).	**Too Little**	**Adequate**	**Too Much**	_____
3.	Do you feel the length of the course was: (circle one)	**Too Short**	**Adequate**	**Too Long**	_____

4. Do you currently own a handgun? **Yes** **No** If yes how long have you owned a handgun? _____

5. What motivated you to take our course today?

6. Do you have any suggestions for Wisconsin Carry regarding our course or our future initiative?

7. For accounting purposes, if you made a donation to Wisconsin Carry today, please indicate the amount: $_____