



Park and Open Space Visioning Session

[Please print clearly]

PARK NAME _____

NAME _____

DATE _____

AFFILIATION/RESIDENT:

- What activities do you use the park for (i.e. Baseball, Tennis, Basketball, etc.)? How often do you use park?
- What do you like about the park (i.e. Path, Trees, Tennis Court, Shelter, etc.)? Please be specific.
- What improvements would you like to see in the Park? Please be specific.
- Are there activities/events that you'd like to see in the park that aren't currently offered?

You may also e-mail your thoughts to Michael Axon, Parks and Recreation Director
maxon@cross-plains.wi.us

Feel free to also use the back of this page.