



TOUCH DRAWING WORKSHOP PARTICIPANT FEEDBACK

The feedback and stories you provide support both the development of your Touch Drawing teacher and the work of The Center for Touch Drawing. Continue on back of sheet if you need more room.

Name: _____

Address: _____

City/State/Zip: _____

Phone/email: _____

1. What was most valuable in your Touch Drawing Experience?

2. Is there something you would have liked done differently?

3. Please share something about your transformational experience.

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Signature _____

____ Please credit me with my name. ____ Please keep my material anonymous.