'Crossing the Bridges' Place of Worship Feedback Form (Host Version)



| Venue | School |
|--|---|
| Contact | Contact |
| Host | Year Group |
| Date & Time | Number of pupils |
| | |
| | |
| Did you have enough information fro If you answered no, what else would | om the school prior to the visit? YES / NO A you like to have known? |

Were there any things you learned from the visit that you would do differently next time? YES / NO Please give details











