

## PRE-SESSION SURVEY

1. Name of Organization and Contact Person
2. Tell us about your organization (e.g. activity offered/provided, membership numbers/growth, age-group budget, etc.)
3. Please describe the types of support (if any) that your organization currently gets from the Town of Collingwood.
4. Please identify the most significant unmet need of your organization.
5. What is your organization's greatest asset?
6. Are there any challenges your organization faces that you would like to see addressed through this Master Plan?

