

EDLESBOROUGH PARISH COUNCIL

February 2019

Edlesborough Parish Council Outdoor Gym Equipment Consultation

Dear Resident

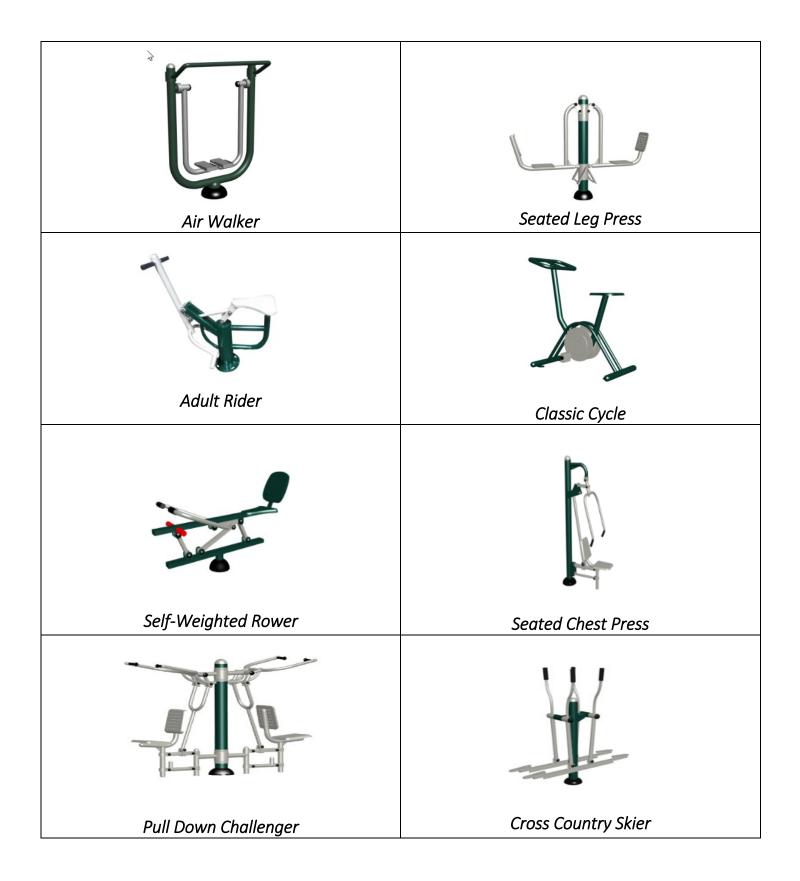
Edlesborough Parish Council are currently exploring the option of installing Adult Gym Equipment in the Parish. The Council has agreed that Dagnall should be the first village to benefit from this proposal. With this in mind the Council now needs your input.

Please would you kindly complete the questionnaire below and return to the Clerk, Penny Pataky, 15 Summerleys, Edlesborough, LU6 2HR by 1st March 2019.

Alternatively questionnaires can be downloaded from the Edlesborough Parish Council website, www.edlesborough-pc.gov.uk and returned via email to clerk@edlesborough-pc.gov.uk



Below are typical examples of Adult Gym Equipment. We are looking to place between 4-6 pieces along the back fence of Dagnall Recreation Ground.



1. Please indicate your age band

1. Pleas	se indicate your	age band							
	Resident 1	Resident 2	Resident 3	Resident 4	Resident 5				
0-18									
19-30									
31-50									
51-70									
70+									
2. Do you currently use any other outdoor gym equipment, if so where?									
3. Would you use adult gym equipment if it was installed on Dagnall Recreation Ground?									
Please									
indicate									
yes/no/									
Maybe									
4. Please indicate how often you might use the adult gym equipment									
Never									
Once a									
month									
Once a									
week	_								
2-3 times a									
week	_								
Daily	1								
5. Wha	t, if anything wo	ould deter you fro	m using outdoor	gym equipment?					
					. , , , .				
6. How	would you trave	el to the adult gyl	m equipment? Fo	r example, walk, j	iog, cycle, drive.				
7 0-			<u> </u>	-:/:::2					
7. Do y	ou currently hav	re a membership	to indoor gym fac	CIIITIES!					
0 00	ou think your do	ily fitnoss activity	uwould increase :	fthorowas adult	aum aquinment				
-	· · · · · · · · · · · · · · · · · · ·		v would increase i	j triere was aault	gyrri equiprnent				
avali	able in Dagnall?								

preferred and 1	equipment in or I you're your leas ease feel free to j	t favourite. If yo	u do not have a p	oreference just p			
Item	Resident 1	Resident 2	Resident 3	Resident 4	Resident 5		
Air Walker							
Seated Leg							
Press							
Adult Rider							
Classic Cycle							
Self-							
Weighted							
Rower							
Seated Chest							
Press							
Pull Down							
Challenger							
Cross County							
Skier							
Name							
Address	,			_			
Contact	No. (optional)						
Email Address (optional)							

Thank you for taking the time to respond to this consultation.