

PETERSON VISIONING  
FOCUS GROUP MEETING

Committee Member: \_\_\_\_\_

Where: **Peterson Library, 101 Main St.**

Date: **Saturday, March 10<sup>th</sup>** NAME(s)

Times:

**Group 1 – Mobility Impaired/Seniors 9:00 – 10:00** \_\_\_\_\_

**Group 2 – Parents & Children 10:00 – 11:00** \_\_\_\_\_

**Group 3 – Active Rec. Users 11:00- 12:00** \_\_\_\_\_

**Group 4 – Steering Committee 12:00 -1:00** \_\_\_\_\_

**A summary of the day and results will be presented at 1:30**

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Please give bottom portion of form to participant.

**Name(s):** \_\_\_\_\_

**Thank you for agreeing to help your hometown by participating in one of the Peterson Visioning meetings that will help our committee identify where residents travel in town and where they might run into transportation issues. The feedback session will be fun and your input will be valuable to the success of this project.**

Where: **Peterson Library, 101 Main St.**

Date: **Saturday, March 10<sup>th</sup>**

Time: **Your group meeting starts at: \_\_\_\_\_  
and will last approximately one hour.**

Questions? Contact \_\_\_\_\_