



Participant Evaluation

We value your feedback and suggestions – please fill out this evaluation so we can make our program/event even better! Thank you!

Event _____ Date _____ Location _____

How do you rate the event? (1 is poor to 5 is excellent) 1 2 3 4 5

How well did the program meet your expectations? 1 2 3 4 5

How do you rate the instructors? 1 2 3 4 5

How were you informed about the PF or QF event? _____

Why did you attend? _____

What did you most enjoy? _____

What did you least enjoy? _____

What would you like to see in future programs or events?

Now that you have completed the event, what would motivate you MOST to continue (access to a facility, family programs, competitions, opportunity to join a club or league, other)?

Your comments, thoughts, suggestions:

Name: _____

Address: _____

City _____ State _____ Zip _____ Email _____