

# EVENT EVALUATION FORM

**Help us improve, your feedback is important**

Event: \_\_\_\_\_

Date & Location: \_\_\_\_\_

1. I liked most: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. I liked least: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Suggestions for Improvement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you willing to Co- Chair this event in the future? \_\_\_\_\_

Contact Info: \_\_\_\_\_ (optional)

Thank you for taking the time to help us improve. Please fill out and mark "Event Evaluation Form" and put in PTA box in office.