

ACTIVITY EVALUATION FORM

At the conclusion of each event, please fill out this form, making certain that all items are filled in. Send your completed form to Jan Assini, 276 Tinkers Trail, Aurora, OH 44202 This form may also be accessed on the District 5 Website at <http://www.d5bridge.com>. Please answer all questions which are applicable to your project. Thank you for this important feedback. Upon receipt of this form you will receive the money allocated for your project.

I. Unit # _____ President _____

II. Project Leader: _____

III. Event: _____

IV. ADVERTISEMENT: Ad. Flyer, web (describe) _____

A. Where was the ad placed? _____

B. Approximately how many people received the information? _____

C. Approximately how many people responded to the ad? _____

D. How successful was your advertising? (check appropriate response)

Excellent ___ Very Good ___ Good ___ Mediocre _____

Not good at all _____ I would ___ would not ___ recommend this

V. SPECIAL EVENT: _____

A. How many people attended? _____

B. How successful was your event? (Check appropriate response)

Excellent ___ Very Good ___ Good ___ Mediocre _____

Not good at all _____ I would ___ would not ___ recommend this event.

VI. NEW MEMBERS ENROLLED: ACBL _____

VII. Please write an evaluation regarding how successful you feel the district program is. Please include any suggestions you may have to improve this program.

Your Name: _____.