EVENT EVALUATION

Your feedback helps us improve our events. Please answer the following questions and return form to the instructor, or click below to email.

Event Name: _____ Date: _____

Season: ☐ Winter/Spring ☐ Summer ☐ Fall 20 ____

	1 = poor				5 = excellent
Location of Event	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
Length of Event	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯

Did you enjoy this event?	◯ YES	◯ NO
Will you participate in Park District events in the future?	◯ YES	◯ NO
Would you recommend this event? (If no, please explain below)	◯ YES	◯ NO

Comments: _____

_____

_____

_____

_____

Would like to be contacted about this event? ◯ YES ◯ NO
If yes, provide contact information.
(OPTIONAL)

Name: _____
Phone: _____
Email: _____

Thank you for completing this evaluation! By providing contact information, you will be entered into our seasonal prize drawing from all returned evaluations.

EMAIL TO TINLEY PARK-PARK DISTRICT