



General Event Evaluation

Please respond to the questions that pertain to this event.



Name of event: _____

1. Did you enjoy the event?		YES	NO
2. Were you made to feel welcome?		YES	NO
3. Was participation active and thoughtful?		YES	NO
4. What was the best part?			
5 Did you like the location for this event?		YES	NO
6. How was the food?			
7. Would you attend this event again?		YES	NO
			Not Sure
8. The event was at a good time of (circle all that apply)			
YEAR	MONTH	WEEK	DAY
9. Would you recommend this event to others?		YES	NO
10. Suggestions for improving this event:			
<p>Thank you for your participation and your help through completing this event evaluation. Please return form to the 4-H Office at 883 Lakeport Blvd., Lakeport, CA 95453 or FAX: (707) 263-3963</p>			



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