EVENT FEEDBACK FORM

Event _____ Date _____

I Attended As

☐ Guest ☐ Volunteer ☐ Partner or Vendor ☐ Staff

RATINGS

Rate each part of the event from 1 (poor) to 5 (excellent).

PART OF THE EVENT	1	2	3	4	5	COMMENTS
Overall experience	☐	☐	☐	☐	☐	
Registration and check-in	☐	☐	☐	☐	☐	
Organization and timing	☐	☐	☐	☐	☐	
Location and setup	☐	☐	☐	☐	☐	
Activities or program	☐	☐	☐	☐	☐	
Communication before the event	☐	☐	☐	☐	☐	
Food and refreshments	☐	☐	☐	☐	☐	

YOUR THOUGHTS

What Did You Enjoy Most?

_____

_____

What Could Be Better Next Time?

_____

_____

Would You Come to a Future Event?

☐ Yes ☐ Maybe ☐ No

Other Comments

_____

_____

Name (Optional) _____ Email (Optional) _____