

Shire of Denmark Event, Function or Activity Evaluation Form



EVENT TITLE :

File Ref: _____

ATTENDEES NAME (desirable but not required):

DATE OF EVENT / FUNCTION:

PLEASE COMMENT ON THE EVENT / FUNCTION

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not applicable
Adequate Information was provided to me prior						
Conducted at the correct pace						
Advertising was effective						
Sound levels were adequate						
Set up was appropriate & adequate						
Safety rules were adhered to (eg. no trip hazards etc..)						
Facilitator(s) delivered well						
Venue was accessible for all ages / mobility						
Information was informative and useful						
Opportunities for comment & contribution were provided						
Cost to attendees was appropriate						
Entertainment was adequate & appropriate						
Food & Beverages were sufficient						
Food & Beverages were stored correctly						
Food & Beverages were handled correctly						

WHAT WERE THE HIGHLIGHTS?

WHAT WOULD ENHANCE THE EVENT NEXT TIME IT WAS RUN?

ANY OTHER COMMENTS?

WOULD YOU LIKE A COUNCIL OFFICER TO CONTACT YOU? (if yes, please provide your contact details below)

THANK YOU FOR YOUR COMMENTS
PLEASE RETURN THIS FORM TO THE EVENT CO-ORDINATOR

953 South Coast Highway (PO Box 183), Denmark WA 6333
Phone: (08) 9848 0300 Fax: (08) 9848 1985
Email: enquiries@denmark.wa.gov.au Website: www.denmark.wa.gov.au