



FOLLOW-UP EVENT SURVEY

Please fill out the information below and return to AMBUCS Resource Center. Your input is vitally important as we work together to create mobility and independence. This survey is important so we can improve this event as it moves forward.

Name: _____ Position on Committee: _____

Event Location & City: _____ Event Date: _____

Event Specific

What worked well for your event? What was the most exciting, surprising or positive outcome?

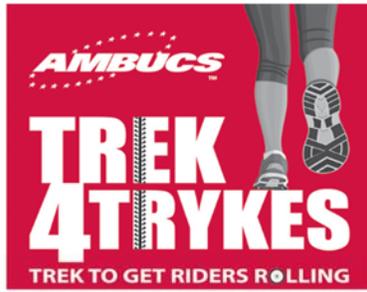
Did you encounter any major problems in which AMBUCS Resource Center could be of assistance?

How was your communication and interaction with AMBUCS Resource Center Staff? Were they helpful?

Compared to other fundraisers, was this event easier or harder? Why? In what way?

Would you do this event again? If so, is there anything you would change or improve?





Trek 4 Trykes Event Materials

Did you have all the materials needed to put on your event? Are there others you would like to see?

Is there information you felt you needed for the event that was not provided?

Are there elements you would like to see included in the package in the future?

Are there any elements you think could be left out of the package?

What did you think about the online segment of the event? Was it user friendly?

How satisfied are you with the overall package?

Additional Comments:

