

Colonel Drake Event Evaluation

Event: _____ Is this your first time at this event? _____

Unit: _____ District: Colonel Drake or other _____

Name: _____ Position in Unit: _____

Instructions:

Please take the time to fill this form out for our future planning and knowledge of your experience her at Custaloga Town.

1=Excellent 2=Good 3=Average 4=Fair 5=Poor N=Not Used or Seen

Any additional comments you feel noting, please place them on the back of this sheet.

Thank You for your time

<u>Area/Department</u>	<u>Rating</u>	<u>List your best experiences her and why.</u>
Information Packet	1 2 3 4 5 N	
Registration Due Date	1 2 3 4 5 N	
Sign-up/Payment	1 2 3 4 5 N	
Cost of Event	1 2 3 4 5 N	
Registration	1 2 3 4 5 N	
Program Areas	1 2 3 4 5 N	
Food (If applicable)	1 2 3 4 5 N	
Staff Morale/Friendliness	1 2 3 4 5 N	
Campfires (If applicable)	1 2 3 4 5 N	
Dining Hall	1 2 3 4 5 N	
Facilities	1 2 3 4 5 N	
Program Equipment	1 2 3 4 5 N	
First Aid/Health Area	1 2 3 4 5 N	
Staff	1 2 3 4 5 N	
		<u>List your ideas for improvements.</u>
Overall Impression	1 2 3 4 5 N	

Once again feel free to use the back of this sheet for additional comments/concerns.

Please complete this form and email is to scouterjoe007@yahoo.com or fax it to the McGarvey Scout Service Center at 814-866-7514 within 5 days after the event. Your comments will determine the future of this event and any program changes that may occur.

THANK YOU for YOUR PACK's ATTENDANCE.

Any photos can be emailed to scouterjoe007@yahoo.com and would be appreciated!