

FAITH Church Events

EVENT SURVEY FORM

WWW.FAITHALEDO.COM

DATE: _____

Return to Administration Office, email ap@faithaledo.com or Fax 817-441-1565

COMPLETED BY: _____

EVENT TITLE: _____

DAY & DATE: _____

NUMBERS: RSVP ___ ATTENDED YAH ___ WAH ___ RD ___ YOUTH ___ CHILDREN ___
CHILD CARE ___ WORKERS ___

QUESTIONS:

1. WERE THERE ANY REMARKS CONCERNING THE EVENT ITSELF OR HOW THE EVENT WAS INTERNALLY ADVERTISED (POSITIVE OR NEGATIVE) ?

2. DO YOU FEEL THE EVENT GROUP HAD A POSITIVE, NEGATIVE OR NO AFFECT ON THE OUTCOME OF YOUR EVENT? WHY?

3. HOW WAS YOUR EXPERIENCE WORKING WITH THE EVENT GROUP?

4. HOW WAS YOUR EXPERIENCE USING THE EVENT FORM?
