

I am (please check one of the following):

- Athlete
- Coach
- Family Member/Friend
- Volunteer/Spectator

Sport: _____

Event: _____

Area/County: _____

Date: _____

EVENT EVALUATION

Please complete this Event Evaluation Form prior to your departure. Your input, through this evaluation, will assist the development and organization of future events.

Thank you for your cooperation.

I. Pre-Event Information Comments & Suggestions:

II. Registration Comments & Suggestions:

III. Opening Ceremonies Comments & Suggestions:

IV. Facilities Comments & Suggestions:

V. Meals Comments & Suggestions:

VI. Competition/Sport Comments & Suggestions:

(over)

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VII. Special Events/Olympic Village Comments & Suggestions:

VIII. Awards Presentation Comments & Suggestions:

IX. Closing Ceremonies Comments & Suggestions:

X. Medical Supervision Comments & Suggestions:

XI. Volunteers Comments & Suggestions:

XII. Overall Event Comments & Suggestions:

Please return to:
Jennifer Tresp, Senior Competition Director
Special Olympics Pennsylvania
PO Box 1017
Lemont, PA 16581-1017