

# FAITH Church Events

**EVENT SURVEY FORM**

WWW.FAITHALEDO.COM

DATE: \_\_\_\_\_

Return to Administration Office, email [ap@faithaledo.com](mailto: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) ?

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

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

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4. HOW WAS YOUR EXPERIENCE USING THE EVENT FORM?

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