

MCC-INTRAMURAL EVENT EVALUATION

Event being evaluated: _____

Your Name and email address:(Optional) _____

Campus: _____

Please check the box that best reflects your opinion:	Good	Indifferent	Poor
Timing of the Event:			
The time of day the event was held was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The length of time of the event was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of the Event:			
The facility used fit the needs of the event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The convenience of the facility used for the event was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment used in the Event:			
The equipment used fit needs of the event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The condition of the equipment used for the event was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Event:			
The execution of the event was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The content of the event was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staffing of the event was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please Circle One:

Did you enjoy participating in this event? Yes No

If not, why? _____

Would you participate in this activity again? Yes No

If not, why? _____

What did you like about this event? _____

What did you NOT like about this event? _____

Thank you for taking the time to fill out this evaluation.
Your input will be very useful in helping us provide you the best intramural program for you.