



Post-Event Evaluation Form

All chapters hosting a Wheelin' Sportsmen event must complete this form and return it to NWTF headquarters within 30 days of your event. This information will help us keep a history of Wheelin' events and track the number of opportunities we provide to disabled participants through our events. Don't forget to send in the completed registration/ liability release forms with this report. **Thank You.**

Event Name/Title: _____

Event Date: _____ Chapter Name/Other: _____

Event Location: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Did Regional Director attend event? _____ yes _____ no

Total Number of Disabled Participants: _____ # Male _____ # Female _____ Total

Age Level of Disabled Participants: _____ # 0-7 _____ # 8-12 _____ # 13-17 _____ #18-30
_____ # 31-50 _____ # 51-64 _____ # 65+

Number of Veterans attending: _____ Number of family members/guests of participants: _____

Total Number of Volunteers: _____

Memberships:

I am not enclosing memberships.

I am enclosing memberships and a check for the total amount due.

Check Amount \$ _____ Check number _____

Please return this form to help Wheelin' Sportsmen track the growth of the program.

NWTF Outreach Programs

Attn: Wheelin' Sportsmen

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