

WOMEN IN THE OUTDOORS PARTICIPANT EVENT EVALUATION - MEMBERSHIP RECORD

Name: _____ Membership: NEW
Address: _____ RENEWAL # _____
City, State, Zip: _____ County: _____
Telephone Number: () _____ E-Mail: _____
Women in the Outdoors[®] event name? _____ Event Date: _____

Would you be willing to host or be a part of the planning committee for a Women in the Outdoors[®] event in your area?
(circle one): YES NO

Would you like to receive more information on the NWTF's: (circle)

- JAKES/X-treme JAKES Programs
- Wheelin' Sportsmen Program
- Conservation Programs
- Fundraising & Membership Banquet nearest you

DETACH HERE - - - - - **DETACH HERE**

Women in the Outdoors[®] event name? _____ Event Date: _____

1. Why were you interested in attending the workshop?
2. How did you find out about this event? (circle one) Friend - Relative - Invitation - Newspaper - Television - Banquet
Other: _____
3. Do you have a particular outdoors interest? Hunting - Fishing - Boating - Camping - Cooking - Nature hikes - Kayaking
Other: _____
4. What did you like most about this workshop?
5. What do you feel could be improved about this workshop?
6. How would you rate this workshop overall? (circle one): Excellent Good Fair Poor

Please rate your activities (content and instructors)

Activity 1-Title _____

Activity Rating: Excellent Good Fair Poor **Instructor Rating:** Excellent Good Fair Poor

Comments: _____

Activity 2-Title _____

Activity Rating: Excellent Good Fair Poor **Instructor Rating:** Excellent Good Fair Poor

Comments: _____

Activity 3-Title _____

Activity Rating: Excellent Good Fair Poor **Instructor Rating:** Excellent Good Fair Poor

Comments: _____

Activity 4-Title _____

Activity Rating: Excellent Good Fair Poor **Instructor Rating:** Excellent Good Fair Poor

Comments: _____

Additional Comments? Questions? Suggestions?