

Family Reunion Evaluation Form

Name _____

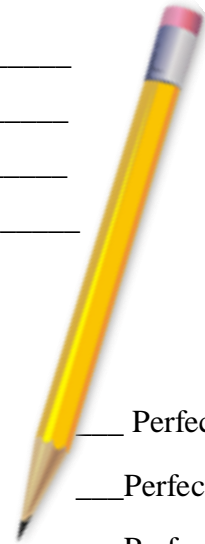
Address _____

City _____ State _____ Zip code _____

Phone _____ Email _____



Please use the back of this form for additional comments!



Evaluate last year's family reunion

How did you feel about your assignments? ___ Not enough ___ Too many ___ Perfect!

How about the length of the reunion? ___ Too long ___ Too short ___ Perfect!

How was the number of activities? ___ Too many ___ Too few ___ Perfect!

What was your favorite activity? _____

What was your **least** favorite activity? _____

What would you like to see more of? _____

What were your children's favorite activities? _____

What was your favorite meal? _____

Which food would you **not** have again? _____

What one thing should we definitely do again next year? _____

If you could change one thing about the reunion, what would it be? _____

Any suggestions for making things easier? _____

Any suggestions for cutting expenses _____

Help Us Plan Our Next Family Reunion

Do you have a suggestion for a reunion theme? _____

Location ideas _____

Food ideas _____

Activity ideas _____