



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)

- Youth Outreach Program (JAKES) Disabled Persons Program (Wheelin' Sportsmen)
Conservation Programs Fundraising & Membership Banquet nearest you

(Submit to NWTF Headquarters - WITO Event Receivables)

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?