



AHRMA Event Evaluation

Event:	Location:
RR PVMX Trials VMX CC DT (circle one)	Date:
Your Name (optional):	Phone # (optional):
Did you Volunteer? YES NO (circle one)	Are you a New Member? YES NO (circle one)

We welcome your comments about the event you attended. Please complete the following details so that we can continue to offer the best possible events. Please place a check mark in the appropriate box for your answer.

	Poor	Average	Good	Excellent
Overall:				
Event well organization				
Registration organization				
Races followed schedule				
Track facilities and preparations				
Overall rating of the this event				
	Yes	No	Definitely would	Definitely would not
For Volunteers:				
Was this your 1 st time as a Volunteer?				
Did you receive adequate instruction?				
Did you volunteer for more than 4 hours a day?				
Did you volunteer for more than 8 hours a day?				
Did you receive a free lunch?				
Did you receive a T-shirt				
Would you volunteer again?				

Should we return to this facility? YES NO (circle one)

Summary Comments – please use the reverse side for additional space

What, if anything, would you have improved this event?

Is there anything else you think we should know?

Would you like to be contacted by an AHRMA official about your comments?

Mail your Completed Form To:
 AHRMA, 309 Buffalo Run, Goodlettsville, TN 37072
 FAX Completed form to: 615.420.6438, or SCAN & email Completed form to: dwlamberth@comcast.net