

Mission Valley YMCA
Trip/Presentation/Event Evaluation
(Friars Location / Hazard Center YMCA / Toby Wells YMCA)

YAA Event: _____

Date of Event:_____ Time:_____

How did you hear about the program? _____

Was it easy to register for the program? Yes No

Did you like the overall event? Yes No

What did you like most?

What could be improved?

Were your expectations met? Yes No

If not please explain: _____

Trips:

Would you take this trip again? Yes No

Other Trips you would like to do? _____

Presentations:

Would you like to have more information on the subject? Yes No

Other presentations you would like to hear? _____

Events:

Would you like more events like this? Yes No

If so what other events: _____

Name: _____ Phone: _____

**Please return the completed form to the Customer Service Desk.
Thank you for your time.**