



OAK FOREST PARK DISTRICT

ACTIVITY EVALUATION

Your feedback helps us improve our activities and events. Please answer the following questions and return to the activity instructor, to the front desk, or email to registration@oakforestparks.org

Activity Name: _____

Activity Dates: _____ Activity Time: _____

Season: ☐ Fall/Winter ☐ Spring/Summer

Instructor Name: _____

1 = poor 5 = excellent

Instructor	1	2	3	4	5
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Number of classes	1	2	3	4	5
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Length of classes	1	2	3	4	5
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Was the brochure description accurate?	Yes	No
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Will you participate in future Park District activities ?	Yes	No
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Would you recommend this activity/event?	Yes	No
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Comments: _____

Would you like to be contacted about this activity/event?	Yes	No
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If yes, please provide contact information below (OPTIONAL)

Name: _____ Phone: _____

Email: _____

Thank you for completing this evaluation! By providing your contact information, you have been entered into a seasonal prize drawing from all returned evaluations.