

Family Reunion Evaluation

First Name _____

Last Name _____

Address _____

City _____

State _____

Zip Code _____

Country _____

Phone _____

Fax _____

Email _____

Personal or Family Website Address _____

SUBMIT THIS FORM TO

FEELINGS ABOUT THIS YEARS REUNION

Did you enjoy the reunion this year? Yes No

Why or why not? _____

If you have children, did they enjoy the reunion? Yes No

Why or why not? _____

How was the reunion length? Too Long Too Few Just Right

What was your favorite activity? _____

How was the number of activities? Too Many Too Few Just Right

What was your least favorite activity? _____

Did you like the food? Yes No Some of it Most of it

Which food would you have again? _____

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? _____

SUGGESTIONS FOR FUTURE REUNIONS

How long should the reunion be? One Day Weekend Long Weekend Longer

Location ideas _____

Best time of year _____

Food Ideas _____

Activity Ideas _____

Any Additional Ideas _____

Should we hold another family reunion? Yes No

How soon? Next Year In 2 Years Longer

Do you plan on coming to our next family reunion? Yes No

PARTICIPATION

Would you or someone in your family be willing to serve as a family officer? Yes No

What office would you be willing to serve at? President Vice President Secretary Treasurer
 Family History Librarian Reunion Committee Member

Would you like to help in collecting and inputting our family history information into the computer? Yes No

Do you own a computer? Yes No

Do you have internet access? Yes No