Minority Health Month April 2012 – Evaluate Your Youth Festival Form

This evaluation form is for organizers of the Youth Festival. The evaluation should be sent back to info@minorityhealth.hhs.gov or faxed to 301.251.2160 within 10 business days of the event. We also recommend that organizers obtain feedback from the event attendees.

Event Name: **Date:**

Time: **Location:**

1. **Event Organizer(s):**
   _____
2. **How did you learn about the Minority Health Month events and about the Youth Festival?**
   _____
   _____
   _____
3. **Why did you/your organization decided to organize a Youth Festival?**
   _____
   _____
   _____
4. **How many people participated in the organization of the Youth Festival?**
   _____
   _____
   _____
5. **Please, summarize the event's activities:**
   _____
   _____
   _____
6. **Number of attendees: _____**
7. **What was the budget for the event? Did it follow the approved budget?**
   _____
   _____
   _____
8. **What were the best and worst parts of the event and of planning it?**
   _____
   _____
   _____
9. **Will you organize a similar event next year?**
   _____

Name (optional): _____

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Circle one: **Yes** (provide email below) **No**

Email: _____