

RETURN THIS FORM: CROP WALK EVALUATION FORM
CWS/CROP Wisconsin Region, 1955 West Broadway, Ste. 102 Madison WI 53713

Each year we need to provide information for our auditors and office staff. You can help save us time and a phone call by providing the information here. Thanks!

Community/CROP WALK Name _____

Your Name _____ Daytime Phone _____

Walk Date _____ Evaluation Meeting Date _____

Weather on Walk Date _____

Number of Walkers _____ **Number of Volunteers** _____

Percentage Youth _____ Percentage Adults _____

Number of Participating Groups _____

Best things about this year's walk _____

Disappointments about your walk _____

What would you change or do differently next year? _____

Did you use/have inquiries about matching gifts, in-kind contributions such as refreshments, food collections, Thrivent Financial or other matching grants? Please list _____

Anything special we can use to brag about your walk? _____

What was the most helpful support you received from the Wisconsin Regional Office? _____

What was the least helpful? _____

Are the content, quality and amount of materials (posters, bulletin inserts, sponsor records, etc.) adequate?

How can we serve you better? _____

EXPECTED DATE FOR 2008 WALK _____

OVER

NEXT YEAR

_____ Will help next year in the same capacity
(Name) _____ Will help next year as _____
_____ May not be available, please contact me
(Position)

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_____ May not be available, please contact me
(Position)

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_____ May not be available, please contact me
(Position)

Other Comments: _____

Tasks to be completed before the first meeting next year - examples

- Request information, seek out matching grant funds from local employers (sometimes this must be done before January 1, to qualify for funding the following year)
- Request insurance certificate from Regional Office if your city requires this form
- Book public facilities and secure park permits if needed.
- Gather possible names for committee