



WCMGA ACTIVITY DATA & FEEDBACK FORM

- Form to be completed by designated volunteer(*)
- Completed form to be given to Activity Contact

Activity Sponsor: ___ WCMGA ___ Other (please specify): _____

Activity Title: _____

Activity Contact: _____
name/email/phone

Date and Time: _____

Location: _____

Booth Name & Activity(s): _____

Booth Volunteer(s) * _____
name/phone

VOLUNTEER FEEDBACK

Booth Attendance Tally: _____ Adults _____ Children

Total Activity Attendance Tally (if known): _____ Adults _____ Children

• **What worked:**

• **What didn't work / suggestions:**

• **Additional Comments:**