**Form F**

**TRAILS CLUB PARTICIPANT OUTING EVALUATION**

To Trails Club Outing Participants:

The Outing Committee and leaders of your recent outing need your feedback. In order to

improve future outings, please answer the following questions. A prompt response is

appreciated. Please give to the Outing Leader or mail to: Trails Club of Oregon, PO Box 1243,

Portland, OR 97207. Thank you, the Outing Committee

Name of Outing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Outing Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Asst. Leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Was the outing well planned and were you adequately informed of what was required of you

to participate in this outing (i.e. equipment, fitness level, etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Was the leadership competent and knowledgeable? Were they receptive to feedback from

the group, before and during the outing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. Would you join other outings led by these same leaders? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. Were any emergencies and/or unexpected events handled effectively? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. What did you enjoy most about the outing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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6. What could have been improved or different? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. Do you feel you received good value for your money? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8. On a scale of 1 (poor) to 10 (excellent) please "grade" this outing. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. How did you hear about this outing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. If you are a Trails Club member, would you be interested in Leading or assisting an outing?

Yes \_\_\_\_\_\_ \* Maybe \_\_\_\_\_ \* No \_\_\_\_\_

\* Please provide your name and phone # or contact the Outing Committee Chair.