



Dedicated to the
Enjoyment of the Marque



COASTAL EMPIRE REGION PCA DRIVER EDUCATION

Event Evaluation Form

Date: ___/___/___ Run Group: _____ Name (optional): _____

Using a scale of 1-10, where 10 equals excellent

<u>General:</u>	<u>Rating</u>
Online registration process (ClubRegistration.net)	_____
Pre-event email/information/communication (timeliness, completeness, etc.)...	_____
CERPCA website info (usefulness, organization, completeness, etc.).....	_____
Tech Inspection Friday Night/Saturday Morning	_____
Classroom sessions –content & materials.....	_____
-classroom instructor.....	_____
Event administration and organization –scheduled activities, run on time, etc...	_____
-accessibility of organizers.....	_____
General Experience (friendliness, had a good time, etc.).....	_____
Attention to Safety.....	_____
Educational value (did you add to your skills inventory?).....	_____
Overall value based on event cost.....	_____
Hotel (registration, cleanliness, cost) Hotel name: _____	_____
Social events (Friday night hospitality, Saturday Bar B Q).....	_____

Please comment on any of the above _____

If you could improve one thing, what would it be? _____

