

List any Equipment or Supplies used during the program / event:

Challenges & Recommendations (list any challenges experienced throughout the program / event and any recommendations for future reference):

Successes (list any success stories throughout the program / event):

Community Organizer(s)

Name: _____ Phone: _____

Role: _____ Fax: _____

Name: _____ Phone: _____

Role: _____ Fax: _____

Evaluation Form completed by: _____

Signature: _____

Date Completed: _____

**Please attach any pictures taken or promotional material (ie: posters) used during the program / event.*

Please mail/email or fax Evaluation Forms To:

Northern Sport, Culture & Recreation District

Athabasca Area

Box 1097

La Ronge, SK S0J 1L0

Phone: 306.425.3127

Fax: 306.425.4036