

Family Reunion Evaluation Form

Entering your name is optional if required to express your true feelings

Name _____
Address _____
City _____ State _____ Postal code _____
Country _____ New address? ___Yes ___No
Phone _____ Email _____
Website _____

General feelings about this year's reunion

Did you enjoy the reunion this year? ___Yes ___No ___Mixed feelings
Would you attend another reunion next time? ___Yes ___No ___Depends

What did you like or dislike about this year's reunion?

Did you like where the reunion was held? ___Yes ___No
Why or why not? _____
How was the reunion length? ___Too long ___Too short ___Just right
How was the number of activities? ___Too many ___Too few ___Just the right amount
What was your favorite activity? _____
What was your **least** favorite activity? _____
Did you like the food? ___Yes ___No ___Some of it ___Most of it
Which food would you **not** have again? _____
What's one thing should we definitely do again next time? _____

If you could change one thing about the reunion, what would it be? _____

Do you have any suggestions for future reunions?

How long should the reunion be? ___ 1 afternoon ___ weekend ___ long weekend
Location ideas? _____
Best time of year? _____
Food ideas? _____
Activity ideas? _____
Any additional ideas? _____

