



**CITY OF CLARE
PARKS AND RECREATION DEPARTMENT**

Special Event/Program Name _____

1. How did you hear about this event? (Please check all that apply)

- Flyer Word of Mouth
 Newspaper City Cable Channel
 Website Other (Explain _____)

2. What was your primary reason for coming to this event? (Please check all that apply.)

- Location Value/Price (compared to other options)
 Theme Other (Explain _____)
 Quality time with family

3. Please respond to the following statements using the key below:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
You rate this event as a positive memory					
This event was well organized					
I think events like this enhance the Clare community					
The staff I came in contact with was helpful and friendly					
The staff(s) knowledge of the activity met my expectations					
The staff was interactive and responsive to the participants					
The cost of the event was reasonable for the program					
I would recommend this event to family and friends					

4. Would you participate in this program again? (Please check one) Yes No

5. Would you recommend this program to others? (Please check one) Yes No

6. To ensure we continue providing quality programs, please share with us any thoughts about this or any other programs you might wish to participate in: _____

(Continue on Back)

7. Due to your participation in this program, have you purchased any additional supplies, materials and/or equipment from stores within the Clare City limits? (E.g. shin guards, etc.) (Circle one) No Yes
If yes, please state the amount you spent in Clare \$ _____

8. Would you be interested in receiving occasional e-mails about upcoming events? (Circle one) Yes No
If yes, please supply us with your e-mail address _____

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This section of the survey asks for descriptive information of your household. This information will help Clare Parks and Recreation provide quality programs/facilities to all of the community residents.

What is your gender? Male Female What is the participant(s) age and gender? _____

In what area do you live in? (Please place an "X" in the area you live in):

- City of Clare _____ Surrey Township _____ City of Harrison _____
 Grant Township _____ City of Farwell _____ Other _____
 Sheridan Township _____

For questions or comments on this survey, please contact Amanda Theunick in Parks and Recreation at 989-386-7541 ext. 213 or at atheunick@cityofclare.org! Please send survey to 202 W 5th St., Clare, MI 48617. Thank you for participating!