# Event Feedback Form

**1. Age:** \_\_\_\_ **2. Postcode/Suburb:** \_\_\_\_\_\_\_\_\_ **3.Gender**:\_\_\_\_\_\_\_\_\_\_\_

**4. Youth Week Event name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. How did you find out about this event?** (circle your answer)

Social Media | Radio | TV | Internet | School | Word of mouth | Other \_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Rate the event you attended:** (circle your answer)

1 2 3 4 5

Not Good Fair OK Good Great

**7. What was your favourite part of this event?**

**8. What is one thing we could improve for Youth Week next year?**

**9. What do you think next year's theme should be and why?**

**10. Are you likely to attend YWT events in the future?** Yes / No