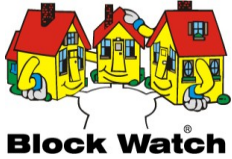


**Safe Communities Celebration 2009  
June 22, 2009- September 21, 2009  
Event Evaluation**



**PLEASE PRINT CLEARLY**

**Coordinator/Organization Information - Please issue cheque to:**

\_\_\_\_\_

Coordinator name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Event/Project Information**

Location of event: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

Date/time of event: \_\_\_\_\_

# Of Participants: \_\_\_\_\_

1. Describe the crime prevention/reduction element of the event \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Did the press attend? YES  NO

Who: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Were there any invited special guests in attendance? (Mayor, Police, speakers)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What objectives were you hoping to achieve during the activity? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. How well do you think the activity met your objectives? (Circle one)  
                    1                    2                    3                    4                    5  
                    Very little                    somewhat                    Very much

6. What were the three best things about your activity?  
a) \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_

7. What three things would you change for next year?  
a) \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_

Other Comments & Suggestions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please include posters, invitations, and copies of any photos or media coverage of the event. Please return Event Evaluation no later than OCTOBER 14, 2009 to:**

**Block Watch Society of BC  
#275 - 6450 Roberts Street  
Burnaby, B.C.  
V5G 4E1  
[Blockwatch@blockwatch.com](mailto:Blockwatch@blockwatch.com)  
OR FAX TO: 604-299-2503**