



**Girls Soar Physical Activity Week 2010
Host Evaluation Form**



Event Name:	
Organization:	Contact Name:
Phone Number:	Email:
Number of Participants who attended:	Date & Time:

Please check the appropriate box.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The females were excited to participate in the program.					
You will offer this program again to young females.					
You will offer other programs to increase the number of opportunities for young females to be active.					
You are interested in participating in Girls Soar Physical Activity Week 2011.					

What Activities do you currently offer to young females?	After this event, are there adjustments you will make to the programs you offer in order to increase the number of young female participants?
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Do you have any comments or suggestions to improve Girls Soar Physical Activity Week for next year? Or any comments in general?

Did your organization or group do any marketing or promotion for this event? Please describe:

THANK YOU - Please mail to: **Girls Soar Committee,**
26 Elliot St., Dartmouth, NS., B2Y 2X7 or call 490-5447