



**11th Annual
RUN/WALK FOR WELLNESS
Sunday, May 21, 2006**

EVENT SURVEY

Thank you for participating in our 11th Annual Run/Walk for Wellness to benefit the Civista Health Foundation. We need your help to improve future events. Please complete and return this survey in the enclosed reply envelope.

1. How did you hear about the 5K Run/Walk for Wellness? (You may check more than one).
 Md. Independent Washington Post/ So. Maryland Extra Sign/Marquee
 Friend Cable Television Internet (list site): _____
 other
2. Did you register in advance? Yes No
If so, how did you pre-register? mail fax phone online
3. Do you participate in other runs/walks? Yes No
How does our event compare? Fair Great Better Than Average
4. Did you participate in our event with family or friends? Yes No
5. Will you consider participating in next year's event? Yes No
6. Please give your ideas on how to improve the event: _____

7. Please rate the following from 1 – 5 (5 being the best):
 Registration Healthy Refreshments T-Shirts Course
 Pre-Race Stretching Massage Therapy Overall Event DJ
8. Did you attend the award ceremony? Yes No
If so, please rate the following (5 is best):
 Length of awards program Quality of Door prizes Medals
9. Please comment on anything you scored 3 or less: _____
10. How can we grow this event and attract more participants? _____
11. This race has been on Saturdays and Sundays in the past. Which do you prefer SAT SUN
12. Do you belong to a running or walking club? YES NO Name: _____

Your Name: _____ **Phone:** _____

Thank you for your time in completing this survey!

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Raising Funds for a Healthier Charles County