


**CITY OF CLARE**  
**PARKS AND RECREATION DEPARTMENT**

Special Event/Program Name \_\_\_\_\_

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

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Flyer     | <input type="checkbox"/> Word of Mouth         |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> City Cable Channel    |
| <input type="checkbox"/> Website   | <input type="checkbox"/> Other (Explain _____) |

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

- |   |  |
|---|--|
| <input type="checkbox"/> Location                 | <input type="checkbox"/> Value/Price (compared to other options) |
| <input type="checkbox"/> Theme                    | <input type="checkbox"/> Other (Explain _____)                   |
| <input type="checkbox"/> 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 \_\_\_\_\_

◆.....◆  
 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 Marcella Corp in Parks and Recreation at 989-386-7541 ext. 213 or at [mcorp@cityofclare.org](mailto:mcorp@cityofclare.org)! Please send survey to 202 W 5th St., Clare, MI 48617. Thank you for participating!