



RELAY FOR LIFE POST-EVENT SURVEY

SECTION 1 – PERSONAL INFORMATION (OPTIONAL)

PARTICIPANT NAME: _____

ADDRESS: _____

PHONE: (H) _____ (W) _____ (C) _____

EMAIL ADDRESS: _____

AGE CATEGORY:

- Under 18
- 18 – 29
- 30 – 39
- 40 – 54
- 55 – 65
- Over 65

GENDER:

- Male
- Female

RACE/ETHNICITY:

- Caucasian
- African-American
- Asian/Pacific Islander
- Hispanic/Latino
- Native American
- Other _____

SECTION 2 – GENERAL INFORMATION

1. Would you like more information regarding ACS programs and services?
 - YES (Please fill out Section 1)
 - NO
2. Would you be interested in being a Team Captain next year?
 - YES (Please fill out Section 1)
 - NO
3. Would you like information on serving as a committee member for 2013 Seminole Relay For Life?
 - YES (Please fill out Section 1)
 - NO
4. How many years have you participated in Relay For Life? _____

5. Please indicate your role at 2012 Relay For Life of Seminole: **(Check all that apply)**

- Team Captain
- Committee Member
- Event Volunteer
- Visitor
- Supporter
- Participant
- Survivor
- Other _____

6. How did you hear about 2012 Relay For Life of Seminole? **(Check all that apply)**

- Family Member
- Friend
- Coworker
- TV - _____
- Radio - _____
- Newspaper - _____
- Pre-Event Signage
- American Cancer Society
- Medical Professional
- Other _____

7. Which of the following describes you? **(Check all that apply)**

- I am a cancer survivor
- I know someone touched by cancer
- I lost someone to cancer
- I am/was a caregiver
- I support the fight against cancer
- I am involved through my work

8. Did you use the Relay For Life online fundraising tools?

- YES
- NO

If YES, were they helpful? _____

If NO, why? _____

9. Did you attend Team Captain Meetings?

- YES
- NO

10. If NO, Why? _____

11. If YES, check the item(s) you received at the meetings you attended?

- Fundraising Ideas
- ACS Education
- Motivation
- Online Fundraising Information
- Flyers and Brochures on Relay For Life
- Day of Event Information

12. How would you improve on the Team Captain Meetings? _____

13. Did you receive email communications regarding Relay For Life of Seminole?

YES

NO

14. If YES, approximately how many did you receive? _____

15. If NO, did you provide your email address when you registered online?

YES

NO

16. I feel the amount of emails I received was:

Too many

Just enough

Too Few

17. Did you thoroughly read all the emails you received?

YES

NO

18. Did the emails you received and read have valuable information regarding the Relay For Life of Seminole event and team fundraisers?

YES

NO

Please provide any comments you would like to make regarding this section: _____

SECTION 3 – EVENT INFORMATION

1. At which Relay For Life event did you participate: _____

2. Did you like the Relay For Life event location:

YES

NO

NO, I WOULD LIKE TO SUGGEST (insert name of venue) _____

2. How likely are you to participate in 2013 Relay For Life of Seminole?

YES, SIGN ME UP NOW!

MAYBE

NO (PLEASE SPECIFY WHY) _____

3. Please indicate what you enjoy most about participating in Relay For Life? _____

4. What was your favorite part of 2012 Relay for Life of Seminole and why? _____

5. What was your least favorite part of 2012 Relay for Life of Seminole and why? _____

6. What could be done to improve on Relay For Life of Seminole for 2013? _____

7. Please rate the following: (5=Excellent – 3=Average – 1=Poor)

	1	2	3	4	5	NA
Event Organization						
Registration Process						
Kindness of Staff						
Kindness of Committee						
Location of Event						
On Site Facilities						
Entertainment						
Community Involvement						

Please provide any comments you would like to make regarding this section: _____

Thank you for your honest responses. This will help the Relay For Life Planning Committee in their efforts to provide a successful and fun Relay For Life event.