



Mideast Collegiate Triathlon Conference



- EVENT RECAP FORM -

Event: _____

Event Date: _____

Event Location: _____

Today's Date: _____

Your Name: _____

Your School: _____

HOW WOULD YOU RATE THE OVERALL EVENT: _____

5-EXCELLENT

4-GOOD

3-AVERAGE

2-FAIR

1-POOR

WHAT DID THE EVENT DO WELL:

WHAT DID THE EVENT NOT DO WELL:

SUGGESTED EVENT IMPROVEMENTS:

OTHER NOTES/COMMENTS ABOUT THE EVENT:

WOULD YOU LIKE TO SEE THIS EVENT ON THE MECTC CALENDAR NEXT YEAR (YES OR NO): _____

ONCE EVENT RECAP FORM IS COMPLETE PLEASE SEND TO MECTC1@GMAIL.COM WITH THE EVENT NAME AS THE SUBJECT OF THE E-MAIL.