

RACE EVALUATION FORM

Return to: Community Park District
 1501 Barnsdale Road
 LaGrange Park, IL 60526
 (708) 354-4580 FAX 354-4577

RACE/RUNNER DATA

Race Name: _____ Date: _____ Distance: _____

Age: ____ Sex: M/F Finish Time: _____ Races entered in past year: ____

Name & Phone Number (optional): _____

EVALUATION/COMMENTS

Please evaluate this race by circling the appropriate response:

1. GREAT! = Exceptional. This race had something special that made it outstanding
2. O.K. = Satisfactory. What you would expect from a well run race
3. POOR = Unsatisfactory. Did not meet basic standards or requirements

If you rated any category as POOR or GREAT, please add comments to explain

	GREAT	OK	POOR	COMMENTS
Race information	1	2	3	_____
Registration process	1	2	3	_____
The course	1	2	3	_____
Marshals/route markings	1	2	3	_____
Mile splits	1	2	3	_____
Traffic control	1	2	3	_____
Water stations	1	2	3	_____
Toilet facilities	1	2	3	_____
Parking	1	2	3	_____
Medical facilities	1	2	3	_____
Race start	1	2	3	_____

over

