



Block Watch

**Safe Communities Celebration 2013
May 18, 2013- September 21, 2013
Event Evaluation
This form is only for approved Grants.**

PLEASE PRINT CLEARLY

Coordinator/Organization Information - Please issue \$50.00 cheque to:

Coordinator name: _____

Organization: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____

Event/Project Information

Location of event: _____

Description: _____

Date/time of event: _____

Of Participants: _____

1. Describe the Crime Prevention element of the event _____

2. Did the press attend? YES NO

Who: _____

3. Were there any invited special guests in attendance? (Mayor, Police, speakers)

4. What objectives were you hoping to achieve during the activity? _____

5. How well do you think the activity met your objectives? (Circle one)

1 2 3 4 5
Very little somewhat Very much

6. What were the three best things about your activity?

a) _____

b) _____

c) _____

7. What three things would you change for next year?

a) _____

b) _____

c) _____

Other Comments & Suggestions: _____

Please include posters, invitations, and copies of any photos or media coverage of the event. Please return Event Evaluation no later than OCTOBER 11, 2013 to:

**Block Watch Society of BC
120-12414 82nd Avenue
Surrey, BC
V3W 3E9
Blockwatch@blockwatch.com
OR FAX TO: 604-501-2509**