



POLICE • COMMUNITY PARTNERSHIPS

## National Night Out Evaluation Form

What were the 3 best things about this block party?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What 3 things would you change for next time?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

How would you like the neighborhood connections gained at the block party to be maintained during the year?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Are you willing to help with the planning of future neighborhood events?

Yes \_\_\_ No \_\_\_

If yes, please fill out the following information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please return this form to the sign in booth.

Thank you for participating in National Night Out 2011!