



Post Event Survey

Event Name: _____ Organization: _____

Primary Contact: _____ Phone Number: _____

Street Address (for mailing check): _____

Website: _____ Event Dates: _____

Estimated attendance: _____

Did your event meet your set goals and objectives, please list 2-3 specific items your event saw as a success.

Will this event be held in the following year, if yes do you have specific dates/times?

Are there other services or ways that you see the Visit Mankato can support your group to continue to grow and this event?

FOR COMPETITION/TOURNAMENT ONLY:

Number of Participants: _____ Number that traveled 60 + miles: _____

Estimated number of hotel rooms each night: _____ Number of nights: _____