

## GATC Post-Activity Report

Name of Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Leader: \_\_\_\_\_ Co-Leader \_\_\_\_\_

Trip Problems:

Activity took place as scheduled? \_\_\_ Yes \_\_\_ No

If not, please explain:

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Please describe any problems with trip (especially any we should consider before repeating this trip:

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Participation:

\_\_\_\_\_ # of Members \_\_\_\_\_ # of Guests \_\_\_\_\_ # of Prospective Members \_\_\_\_\_ # of No-Shows \_\_\_\_\_ Trip Limit

If you maintained a waiting list, was everyone accommodated? \_\_\_ Yes \_\_\_ No

\*If "No", how many were not accommodated? \_\_\_\_\_

Recommendation:

Should we repeat this trip \_\_\_ Yes \_\_\_ No

Briefly, please explain:

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Would you lead this trip again? \_\_\_ Yes \_\_\_ No Best time of year for trip \_\_\_\_\_

Other things we should know:

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**Thank you for your input! It will be helpful in planning future activities!**

**Please mail this form and the Waiver and Release Form to:**

**Bob Layson**

**GATC Activities Director**

**1427 Rivermist Drive**

**Lilburn, GA 30047**