

GATC Post-Activity Report

Name of Activity: _____ Date: _____

Leader: _____ Co-Leader _____

Trip Problems:

Activity took place as scheduled? ___ Yes ___ No

If not, please explain:

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

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:

Would you lead this trip again? ___ Yes ___ No Best time of year for trip _____

Other things we should know:

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

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

Rick Hartline

391 Johannah Pl

Lilburn, GA 30047