



Name (optional): _____

Run Group: _____

**Event Quality Control Form
We Want Your Feedback!!**

Event Date: _____

Location: _____

Type of Event: _____

Driver/Volunteer/Guest? _____

Please rate the event in the following categories on a 1 – 10 scale, with 10 being best:

Was the morning check-in organized and no hassle? _____

Was the morning meeting to the point, and useful? _____

Did you go out on the track with any questions unanswered? _____

Please rate the coaching (if any) by type of input? In-car rating _____ Lead and follow rating _____ Debrief meetings/chalk talk rating _____

What is your rating of the on-track activity management? _____

Too conservative? Y/N _____ Too liberal? Y/N _____

Was the schedule clear and did we stick to it? 1-10 _____

Could you ask individual questions, and receive satisfactory answers? Y/N _____

Do you feel you progressed in your driving skills today? Y/N _____

Were you comfortable in the run group which you were placed in? Y/N _____

On a 1-10 rating, how much fun was the event? _____

Do you think you will participate again with Hooked On Driving? Y/N _____

Are there other types of events you'd be interested in? Please explain:

Are there other suggestions you'd like to make to improve our events? Please tell us!
