

STRAWBRIDGE PTA - FEEDBACK FORM

Name: _____ Date: _____

Phone Number: _____ E-mail: _____

Name of Committee or Event: _____

Date of Event: _____

Description of Committee or Event: _____

Volunteer List: _____

Number & Location of Meetings: _____

Specific Time Line for planning and execution: _____

Supplies Used: _____

Contacts / Vendors: _____

Publicity Used: _____

Comments / Suggestions: _____

RETURN THIS COMPLETED FORM ALONG WITH COPIES OF ALL FLYERS, MEMOS & CORRESPONDENCE IN YOUR PACKET TO THE PTA MAILBOX OR VOLUNTEER COORDINATOR WITHIN 30 DAYS OF YOUR COMPLETED EVENT / ACTIVITY.