



RACE EVALUATION FORM

NAME OF RACE: _____

PLEASE EVALUATE THIS RACE BY CIRCLING THE APPROPRIATE RESPONSE:

1. **OUTSTANDING** . This race had something that made it outstanding.
2. **AVERAGE** . What you would expect from a well run race.
3. **POOR** . Did not meet basic standards or requirements. Please include under the comments section why you feel this way.

	<u>Outstanding</u>	<u>Average</u>	<u>Poor</u>	Comments <u>Use bottom if needed</u>
RACE INFORMATION	1	2	3	_____
REGISTRATION PROCESS	1	2	3	_____
THE COURSE	1	2	3	_____
MARSHALS/ROUTE MARKINGS	1	2	3	_____
MILE SPLITS	1	2	3	_____
TRAFFIC CONTROL	1	2	3	_____
WATER STATIONS	1	2	3	_____
TOILET FACILITIES	1	2	3	_____
PARKING & GEAR CHECK	1	2	3	_____
MEDICAL FACILITIES	1	2	3	_____
RACE START	1	2	3	_____
FINISH CHUTES	1	2	3	_____
AWARDS	1	2	3	_____
RACE PREMIUMS, REFRESHMENTS	1	2	3	_____
WOULD YOU RUN THIS RACE AGAIN?		Yes	No	
Should this race be continued in the Gold Cup Series?		Yes	No	

If no, please state why not. _____

How did you hear about this race? _____

Additional comments, use back if needed. Your signature is optional.

PLEASE RETURN THIS FORM TO:
 CALUMET REGION STRIDERS
 P.O. Box 225
 Griffith, IN 463 19

or fill out the "Race Evaluation" form on our website at www.calstrider.org