



Date: _____

Festival Tracking Sheet Survey

Your Name: _____

Name of today's event: _____

Name of the organization hosting today's event: _____

Event location: _____

Is this location (Check all that apply.):

- Museum
- Library
- Bar or Restaurant
- Part of a College or University Campus
- A Park or Other Outdoor Public Space
- Other; please describe: _____

1. How many people attended the event: _____ Males: _____ Females: _____

2. What types of groups attended this event? (Check all that apply.)
 Children Families Youth/Teen Young Adults (<40) Adults(>40)

3. How many festival volunteers attended the event? _____

4. How many host organization volunteers/staff attended the event? _____

5. Was the Bay Area Science Festival mentioned in the introduction of the event?
 Yes No

6. Were the following visible to participants?
 Festival Signage
 Festival Program Guides

7. What percentage of the participants stayed through the entire main event? _____ %

8. Which discipline was the *primary* focus of today's event? (Check only one.)
 Science Technology Engineering Math
 Other; please describe: _____

Please provide any additional detail here.

9. Did today's event include: (Check all that apply.)
 Lecture/presentations A scientist interacting with an audience
 Demonstrations Other; please describe: _____
 Hands on activities
 Participants interacting directly with the presenter

10. Please provide any additional comments about today's event here.

