## Power Panther<sup>TM</sup> Costume Event Feedback Form

Date:	Name of Agency:	
Person Completing Feedback	c Form:	
Phone	_ E-mail Address:	
Please describe the event w	here Power Panther™ cost	ume was used:
Name of Event:		Date of Event:
Type of Event:	Location of Event (include City and State):	
Focus/Objective of Event:		
Main Message of Event (if di	fferent from focus):	
Target Audience for Event (e.	g., children, teen):	Age/Grade:
Describe Target Audience (e.	g., from what school, club,	or program):
What Did Power Panther™ Do	o at the Event?	
Honored Guest/Speaker(s) (	if applicable):	
Main Message Related by Gu	uest/Speaker(s) (if applica	ble):
Approximate Number of Chil	dren Who Attended:	Approximate Number of Adults Who Attended:
Was Your Event Successful?	☐ Yes ☐ No Please expla	in:
Would you use Power Panth	er™ in the Future? □ Yes	☐ No If no, why not?
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