

Special Event Survey Guide

Bill Black

Special Event Information Guide

Name of Event: _____

General Information

Place: _____

Host Site (Hotel, park, etc.): _____

Date(s) of Event: _____ Expected number of visitors: _____

Time (hours open/activities): _____

Activities of the event: _____

(Please use an additional sheet if more space is needed.)

Organizational Information

Sponsoring group: _____

Event address: _____

Phone number: _____ E-mail: _____

Contact person (and position): _____

Number of workers for event:

Local: _____ Out of town: _____ Paid: _____ Volunteer: _____

Primary services for event workers (day care, food, break areas, housing, relief help, etc.): _____

Visitor Information

Total number of visitors expected: _____ Daily average number of visitors: _____

Average duration of stay of visitors: _____

Type of visitor (% of visitor population)

Families with children _____ %

Families without children _____ %

Senior adults _____ %

Single adults _____ %

College students _____ %

Unaccompanied youth _____ %

Internationals _____ %

Youth groups _____ %

Senior adult groups _____ %

Others (identify) _____ %

Area of primary visitor lodging: _____

Primary services for visitors (day care, food, rest areas, housing, etc.): _____

Additional Information

Post-event activities for workers and visitors: _____

Specific needs of workers and/or visitors not being met: _____

Please include any other relevant information or comments, on an additional sheet if necessary. Also, please attach any brochures for this special event.