



2011 CAM CAR CRUISE EVALUATION FORM

NAME _____ PHONE _____

ADDRESS _____ CITY/ STATE _____ ZIP _____

I Was a: Participant _____ Spectator _____ Volunteer _____ Other _____

Email _____

On a scale of 1-10 (10 being the highest rating), please rate the following areas and comment:

Pre-registration: _____ (#) _____ (Comment)

On-Site registration: _____ (#) _____ (Comment)

Location: _____ (#) _____ (Comment)

Fulton Ave: _____ (#) _____ (Comment)

Cruise: _____ (#) _____ (Comment)

Entertainment: _____ (#) _____ (Comment)

Vendors: _____ (#) _____ (Comment)

Would you attend next year? _____ Why or why not?

Other Comments:

You can fax this form to: 916-442-2646, email to director@calautomuseum.org or hand deliver/ mail to: 2200 Front Street, Sacramento, CA 95818 Attn: Karen McClafin. Thank you!