



Summary of Event

Date: _____

School/ Organization: _____

Position (teacher/parent/PCNC/): _____

of Families ____

of children ____ ages? ____ # of adults: ____

How would you rate today's event?

(Poor) 1 – 2 – 3 – 4 – 5 - 6 (Excellent)

What did you like best?

What would you change to make the event better?

Please fax completed form to Gemini Observatory: 974-2589

For more information contact:

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