

CLUB PROJECT EVALUATION FORM

Club Name:		Club Number:	
Title of Activity:			
Summary of activities:			
Number of Club Members involved:		Number of People reached:	
Please check any other organ	nizations that worked with you	r Club(s) on the project:	
School	Youth Group	Civic/Volunteer Group	
Community Center	Local Business	Government Office	
Cost of sponsoring this activ	ity:		
If project was a fundraiser, h	ow much money was raised:		
Did you secure any type of s	ponsorship? Yes	□No	
Publicity received (check all that apply): Newspaper Bulletin Newsletter Radio			
Did you recruit new Members from this activity? Yes No			
Will your Club conduct this	activity again?		
What recommendations would you make for improving this activity?			

Thank you for taking the time to complete this form. This information is extremely valuable. Please submit the form by mail, fax or e-mail. Mail to: Optimist International, C/O Programs Department, 4494 Lindell Blvd., St. Louis, MO 63108. Fax to: (314) 371-6006.

E-Mail: programs@optimist.org