



2018 Evaluation Form

Return by 5:00 PM on Friday, June 1, 2018 via Fax or Email to be eligible for a chance to Win \$50 in Chamber Cash!!!

Return form To: Christine Nitsch
Phone: (920) 451-8000 ext. 114 Fax: (920) 451-8019
Email: cnitsch@sheboygancountymca.org



Company Name: _____

Event Coordinator's Name: _____

Coordinator's Email: _____

Phone: _____ Fax: _____

Please answer the following questions about your Employee Health and Fitness Day 2018 event. Your opinion is important to us.

1) How many employees in your business? _____ How many employees participated? _____

2) Did your employees participate on*: Paid Time? _____ OR Unpaid Time? _____
*Note: If any of your employees participated on Paid time, you must select the "Paid Time" category.

3) Of those who participated, what percent of employees do they represent? _____%

4) What is the total employee participant's minutes of exercise?

Less than 150 employees (required): _____ *Over 150 (optional):* _____

5) Briefly describe your activities:

6) What suggestions do you have to improve Employee Health and Fitness Day 2019?