

Power Panther™ Costume Event Feedback Form

Date: _____ Name of Agency: _____

Person Completing Feedback Form: _____

Phone: _____ E-mail Address: _____

Please describe the event where Power Panther™ costume was used:

Name of Event: _____ Date of Event: _____

Type of Event: _____ Location of Event (include City and State): _____

Focus/Objective of Event: _____

Main Message of Event (if different from focus): _____

Target Audience for Event (e.g., children, teen): _____ Age/Grade: _____

Describe Target Audience (e.g., from what school, club or program): _____

What Did Power Panther™ Do at the Event? _____

Honored Guest/Speaker(s) (if applicable): _____

Main Message Related by Guest/Speaker(s) (if applicable): _____

Approximate Number of Children Who Attended: _____ Approximate Number of Adults Who Attended: _____

Was Your Event Successful? Yes No Please explain: _____

Would you use Power Panther™ in the Future? Yes No If no, why not? _____

Name (optional) _____ State _____

Eat Smart. Play Hard.™

United States Department of Agriculture • Food and Nutrition Service

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