

Thompson Community Day 2015
Booth Participant Survey

1. Organization Name
2. Your Name
3. Is this your first time at Thompson Community Day? Yes No
4. Do you set up at other events? Yes No
5. What attracted you to our event?
6. What do you like about Thompson Community Day?
7. What do you like about the Town of Thompson?
8. Are there any suggestions/comments you have for next year's events?
9. E-mail address 10. Phone
11. _____ Yes, I would be interested in begin part of the Community Day Planning Committee
12. Other