Touring Team Agreement Post-Event Evaluation

weeks of the event completion.

Team: Event: Date: Did the touring team provide the minimum required volunteers? Yes No Comments: Did the touring team provide a main point of contact and volunteer leader? Yes Who was it? No Was the main point of contact available leading up to and during the event and managing the touring team volunteers? Yes No Comments: Did the team provide any additions to the event? (Breakfast, games, extra volunteers, etc.?) Would you recommend this team to assist with future EUPA events? Yes No Why or why not? Tournament Director Name & Signature: EUPA General Manager Name & Signature:

To be completed by Tournament Director and General Manager (or event director) within 2