

Our Streets Our Stories Participant Feedback

How did you hear about the event? _____

Did you bring materials to digitize? Yes No

Why did you come to this event? _____

Did you learn anything new? What did you learn about? _____

What was the highlight of the event for you? _____

How could this event have been improved? _____

Have you participated in the Our Streets, Our Stories: Oral History Project? Yes No

What is your date of birth? This is so we can understand which age groups we are engaging.

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What is your zip code? _____

Additional Notes _____

Donor Contact Information (optional)

Name: _____

Email: _____

Phone: _____