

# 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.

/   /

What is your zip code? \_\_\_\_\_

Additional Notes \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

## Donor Contact Information (optional)

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_