

GRAVITY The Challenge

It would be greatly appreciated if you could spend a few minutes completing the following questions. Thank you.

	EXCELLENT	GOOD	OK	BAD
How would you rate today's event : Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity 3D Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experiments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roller Coaster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Movie Challenge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you like best and why?

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Was there anything you didn't enjoy? YES NO

If yes, what and why?

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List some things you have learned today?

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How could the event be improved?

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Would you like to do more activities like this? YES NO

Your name Team Name

School Date