

Participant Survey

Thank you for your participation in the 4th annual Miracle Match Marathon. We would appreciate your feedback so we can improve this event next year.

1. Event participated in:

- Marathon Half-Marathon Relay 5-K 1-Mile

2. How did you find out about the Miracle Match Marathon?

- Previous participant Television/Radio Magazine or newspaper ad
 Flier at another running event Flier in store or business
 Internet: (*site*) _____

3. What made you want to participate in this event?

- Enjoyed previous Miracle Match Marathon Enjoy running events in general
 Desire to get in shape or lose weight General health
 To support the beneficiary program To support Waco
 Other: _____

4. How often do you participate in running events?

- First time 1 to 3 per year 4 to 10 per year as often as possible

5. If we moved the Miracle Match Marathon to another month (November through February), would you be more likely or less likely to participate?

- less likely not sure more likely: *suggested month*: _____

6. What changes would you suggest for future Miracle Match Marathon events?

7. If you live in or close to Waco, would you consider being on one of the Miracle Match Marathon committees? If so, please give us your name and email address or daytime phone:

Other comments?

Please return survey by one of the following ways:

FAX:
254-724-9601

MAIL:
Miracle Match Marathon
2401 S. 31st
Temple, TX 76508

EMAIL
Download survey from
<http://mmm.sw.org> and email to
miraclematchmarathon@swmail.sw.org