

CONTESTANT EVALUATION REPORT

Driver

Sanction # _____ Event Name _____ Date _____ Navigator

Please circle the number opposite each category which best expresses your opinion of that aspect of the rally. You are encouraged to use the reverse side for comments.

	Excellent	Good	Average	Fair	Poor
1. <u>General Instructions</u>					
a. How was the content? (Did the Generals contain sufficient information to allow you to satisfactorily perform all of the aspects of this rally?)	10	8	5	2	0
b. How was the clarity? (Was the material presented clearly? Did you understand it? Were sufficient examples given?)	10	8	5	2	0
2. <u>Route Instructions</u>					
a. Were the Route Instructions accurate?	10	8	5	2	0
b. Was the format clear and legible?	3	2	1		0
c. Did they conform to what the Generals described?	3	2	1		0
3. <u>Rally Course</u>					
a. How interesting was the course? How well did it make use of available terrain?	6	5	3	1	0
b. How were the average speeds, considering the course and rally difficulty?	6	5	3	1	0
c. How consistent were mileage measurements?	4	3	2	1	0
d. Did critique slips contain adequate & correct information?	3	2	1		0
4. <u>Controls</u>					
a. Were control locations effective and fair?	6	5	3	1	0
b. Was control operation efficient?	6	5	3	1	0
5. <u>Administration</u>					
a. How efficiently were registration and vehicle inspection performed?	2		1		0
b. Was scoring accurate and prompt?	2		1		0
c. How would you rate the arrangements? Lodgings; Meals; Hospitality	3		1		0
d. Were rest stops & refueling facilities adequate in quantity & quality?	2		1		0
e. Was claims procedure efficient & fair?	3		1		0
6. <u>Assessment of Overall Concept</u>					
a. How well did you like the concept?	10	8	5	2	0
b. How well was the concept implemented?	10	8	5	2	0
7. <u>Administrative Decisions</u>					
a. How sound were decisions made by the rally committee?				Sound <input type="checkbox"/>	Unsound <input type="checkbox"/>
b. How sound were the decisions made by the claims committee?				Sound <input type="checkbox"/>	Unsound <input type="checkbox"/>
8. <u>Enjoyment</u>					
a. Did you enjoy the event/weekend?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Would you run this event again?				Yes <input type="checkbox"/>	No <input type="checkbox"/>