

**COORDINATOR'S REPORT OF TRAINING EVENT**

Coordinator: \_\_\_\_\_ Diocese: \_\_\_\_\_

Event # \_\_\_\_\_

Date of the Event: \_\_\_\_\_ Trainer: \_\_\_\_\_

Location: \_\_\_\_\_

Briefly describe facilities. Were they adequate?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number who registered: \_\_\_\_\_ Number who participated: \_\_\_\_\_

Fee \$ \_\_\_\_\_

Please give your impressions from a coordinator's perspective, of the event, the participants, and the trainer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please comment on the support and information you received from us in EFM-Canada:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prospective dates, location, and type for your next training event:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

On the back, please write additional comments you feel would be of help to the EFM training system.

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**Please return this form to:**

EfM Canada  
#201 - 380 Leathead Road  
Kelowna, B.C.  
V1X 2H8

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OFFICE USE ONLY

Date received: \_\_\_\_\_ Payment Processed: \_\_\_\_\_

Executive Coordinator: \_\_\_\_\_

Director: \_\_\_\_\_