

**EVENT QUESTIONNAIRE
YOUTH DEVELOPMENT THROUGH FOOTBALL
MONTHLY REPORT**

Complete one
questionnaire per
event

NAME OF YOUR ORGANISATION: DATE: COUNTRY: PROVINCE/STATE: CITY/TOWN: NAME AND SURNAME OF CONTACT PERSON: TEL NO (WORK): CELL NO: FAX NO: E-MAIL:

Please read each question or request carefully and provide the relevant information on your GTZ/YDF supported events writing in the open spaces. Please complete one questionnaire per event that you offered during the past month.

1. Please provide a short description of your GTZ/YDF supported event under the following headings:

1.1 Name of the event:

1.2 Date:1.3 Venue:

1.4 Is the venue in a rural or urban area?

1.5 List the names of all the partners of the event:

Government (Department):

NGO's:

Other GTZ units:

Other (List):

1.6 Purpose:

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1.7 Activities of the event:

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2. Please provide the number and gender of the participants from the different age groups that participated in your GTZ/YDF supported event.

Age group	Number of participants	
	Male	Female
Below 12 years		
12 – 13 years		
14 – 17 years		
18 – 25 years		

3. Please provide an estimate number of spectators that attended the event.

THANK YOU