

TO BE COMPLETED BY MARKET COORDINATOR & VOLUNTEER TEAM.
MAIL TO: AGI, PO Box 3810, Wichita, KS 67201 or fax to: 316.269.1292

Today's Date: ___/___/_____

Form completed by (First & Last Name): _____

Name of Organization / Church: _____ Phone: _____

E-mail: _____ Location of Market: _____

Market Date(s): _____ Amount Raised: \$ _____

How many volunteers helped prepare for your gift market (incl. Market Coord.)? _____

Did your market represent all 30 AGI projects? Y / N If No, how many? _____ What is your criteria for choosing the projects? _____

Estimated number of Market Shoppers? _____ Was your market event open to the Public? _____

Did you use Square processing? Y / N

Please evaluate your Gift Market by rating the following:	Strongly Agree	Agree	Disagree	Strongly Disagree
1. The AGI Market Materials Pack is easy to use and follow.				
2. The AGI website is user friendly and reliable for processing orders.				
3. Square is quick, easy and reliable for processing orders.				
4. AGI Staff are helpful and responsive.				

(Use an additional blank sheet of paper to elaborate on any of the responses)

5. What ideas/challenges did **shoppers** share about the market, if any? _____

6. What challenges did you, as the **market coordinator** experience, if any? _____

7. What ideas/challenges did **volunteers** share about the market, if any? _____

8. What new or repeated strategy worked the best to increase market attendance? _____

9. What improvements could your market make for next year? _____

10. Are there any improvements AGI can make to help your market be more successful? _____

11. Were other congregations/schools invited to work together to participate in your AGM? If yes, how many participated? _____

If no, would you consider inviting other congregations or schools to participate in your market? _____

12. Did non-AGI agencies present their projects in your market? YES / NO If Yes, how many? _____

13. Did your market sell products or crafts or other Fair Market resources? YES / NO If yes, list other(s): _____

14. Did you involve youth? YES / NO If Yes, how? _____

15. Did you contact any of the agency partners represented in our catalog? If so, were they helpful? _____

16. How did you publicize your market? (Facebook, local news, radio/tv, etc) _____

17. May we share your name as an advisor to others who want to start an Alternative Gift Market in their community? YES / NO

<i>To help us prepare only needed materials, please tell us which items you use and how.</i>	<i>We download this item</i>	<i>We do not use this item</i>	<i>We use AGI materials as a template to create our own</i>	<i>We prefer printed material via mail</i>
30 Project Posters				
Project Inserts (One set of 3 gift levels) Circle which level insert you used at your market: HIGH LOW GENERAL				
Market Resource CD				
11 x 17" Publicity Posters				
Market Resource Packet (includes, Cashier Instructions, Receipt Master, Shopping List)				

YOUR FEEDBACK HELPS US IMPROVE - We would love to hear and share any interesting anecdotes. Please use a blank page for more space. We would also appreciate receiving photos of your market. Please email them to: markets@alternativegifts.org
