



***Please mail this completed form to:***

**Operation Save-A-Life Director**  
A.B.A.T.E. of Pennsylvania  
PO Box 15226  
Harrisburg, PA 17105

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**OPERATION SAVE-A-LIFE**  
***Program Report and Evaluation Form***

In an effort to improve our program, we appreciate your feedback.

School/Organization Name: \_\_\_\_\_

School/Organization Phone: \_\_\_\_\_

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

Instructor/Coordinator's Name \_\_\_\_\_

Number in Audience: \_\_\_\_\_

Date of Presentation: \_\_\_\_\_

Name of ABATE Presenter: \_\_\_\_\_

Were you satisfied with the presentation?

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Were the people presenting the program knowledgeable on motorcycle safety?

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Do you have any suggestions on how to improve our OSAL program?

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If you feel this program is useful, please write a comment below that might encourage other schools to schedule our program.

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**Thank you once again for your time!**