

EVENT EVALUATION FORM

EVENT OVERVIEW

EVENT NAME

EVENT DATE

EVENT ATTENDANCE

EVENT LOCATION

EVENT START/END TIME

NAME OF PERSON FILLING OUT FORM

HAS THIS EVENT TAKEN PLACE BEFORE?

YES

NO

IS THIS AN ANNUAL EVENT?

YES

NO

SHOULD THIS BE AN ANNUAL EVENT?

YES

NO

EVENT EXPENSES

ATTACH EXPENSE SHEET & PO'S

LIST EXPENSE DESCRIPTIONS

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EVENT INCOME

EVENT BUDGET AMOUNT

TICKET SALE REVENUE

ANY ADDITIONAL INCOME?

YES

NO

WAS EVENT SUFFICIENTLY FUNDED?

YES

NO

IMPORTANT CONTACTS

LIST EMAIL/PHONE NUMBERS

KEY SUPPORT PEOPLE

LIST NAMES & RESPONSIBILITIES

EVENT EVALUATION NOTES

EVENT SUMMARY

POSITIVES OF EVENT

NEGATIVES OF EVENT

CHANGES FOR NEXT TIME

WHAT KIND OF PUBLICITY/PROMOTION WAS USED?

WAS PUBLICITY/PROMOTION EFFECTIVE? WHY?

YES

NO

ADDITIONAL NOTES