EVENT EVALUATION FORM

Name of Event: ________________________ Date: _____________ Time: _________

Name: _____________________________ Position: ____________________________
Committee: _________________________ Co-Sponsor(s): ______________________

Describe the Event:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Location of the event: ____________________________________________________

Would you recommend this location again? If so why? If not, where would you
suggest having the event?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Attendance: _____________________________________________________________

What factors impacted the attendance?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Ticket sale date: _________ Ticket Price: Student - ________ Non-Student- ________

How many student tickets were sold? ________________________________________

How many non-student tickets were sold? ____________________________________

Estimated Total Budget for Event: ______________ Actual Budget: ______________

How many volunteers helped with this event? ________________________________

Overall Success of the event: (low) 1  2  3  4  5 (high)

Why?
________________________________________________________________________
________________________________________________________________________
Promotion Success: (low) 1  2  3  4  5 (high)
Why?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Committee’s level of involvement: (low) 1  2  3  4  5 (high)
How was your committee members involved? What suggestions can you make to involve more committee members in this program?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Cooperativeness of agency/ artist: (low) 1  2  3  4  5 (high)
Would you recommend this agency/ artist? Why or why not?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
What changes would you recommend making to this event to make it more successful?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Additional Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________