

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:
