EVENT EVALUATION FORM

An Event Evaluation Form should be completed and will be required for consideration of future requests of the activity funds. This form must be submitted to the Coordinator of Student Activities no later than one week after the event date. Late or incomplete forms will not be accepted.

Event/Project Name: _____________________________________________

Sponsoring Organization/Student Group: ______________________________

Did you co-sponsor this event with another student organization? Who? ________________________________

Event/Project Date: ________________ Publicized start time: ________________

Actual Start time: ________________ End time: ________________

Number in Attendance: ________________ (CSCC Students: ____ Public: ____)

Expenses:

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>FUNDS REQUESTED</th>
<th>FUNDS SPENT</th>
<th>DIFFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplies/Decorations</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Food/Drinks</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Promotions</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Rental Fees</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Lecturers/Speakers/Entertainment</td>
<td>$</td>
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<tr>
<td>Travel</td>
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<tr>
<td><strong>TOTALS</strong></td>
<td><strong>$</strong></td>
<td><strong>$</strong></td>
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</tr>
</tbody>
</table>

INCOME

Admission:

Donations:

Other charges:

**TOTAL INCOME**
Were event/project goals met? □ Yes □ No

How was the event advertised? Check all that apply.
□ Posters □ CougarNet □ Email □ Other: ________________________________

Were these methods effective? □ Yes □ No

What went particularly well?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

What would you do differently next time?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

How was the program received?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Should an event of this type be offered again? □ Yes □ No

Signature of Advisor: ________________________________ Date: ______________

Signature of Officer: ________________________________ Date: ______________