

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:

CATEGORY	FUNDS REQUESTED	FUNDS SPENT	DIFFERENCE
Supplies/Decorations	\$	\$	\$
Food/Drinks	\$	\$	\$
Promotions	\$	\$	\$
Rental Fees	\$	\$	\$
Lecturers/Speakers/ Entertainment	\$	\$	\$
Travel	\$	\$	\$
TOTALS	\$	\$	\$

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: _____