Event Evaluation Form

Event Title: ________________________________________________________
Event Date: ________________________________________________________
Event Time: ________________________________________________________
Event Location: _____________________________________________________

Attendance:
   Estimated (prior to event): ______ Actual (after event): _____________

Budget:
   Total: _____________

Breakdown:
   Advertising: _______________________________________________________
   Venue: __________________________________________________________________
   Entertainment Fee: __________________________________________________________________
   Supplies: __________________________________________________________________
   Miscellaneous: __________________________________________________________________

Income: ______________

Advertising: ____Northern Student ____FM90 ____Flyers ____Posters/Banners
____Table Tents ____Table in Lower Union ____Chalking on sidewalks
____External Media (Other radio stations, television, internet, etc.) ____Other

Type of Event:
Purpose of Event:

Was Purpose Met? ____Yes ____No

What went well?

What would you change?

How well did the group work together?

Would you recommend doing this event again, why or why not?

Important Contact Info (Vendors, Venues, Agents, etc.):

Campus Contact Info (FM90, Northern Student, Administrative Offices, etc.):

Comments: