

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: