

EVENT EVALUATION FORM

Name of Event: _____ Date: _____ Time: _____

Name: _____ Position: _____

Board, Commission, Committee: _____

Name of Advisor: _____

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: _____

Did the date and time of your event work well? _____

What factors impacted attendance? Suggestions for scheduling this event in the future?

Ticket sale date: _____ Ticket Price: Student - _____ Non-Student- _____

How many student tickets were sold? _____

How many non-student tickets were sold? _____

How many event safety staff were present (break down CSO, Police, ASPB Event staff, professional concert staff)? _____

Total Budgeted for Event (attach copies if possible): _____

Actual Budget: _____ What event expenses were more than you expected?

Where there any budget "surprises"? _____

How many volunteers helped plan this event? _____

How many volunteers helped at the actual event? _____

Overall Success of the event: (low) 1 2 3 4 5 (high)

Did the event meet your goals? Did it fulfill the purpose that was proposed?

Promotion Success: (low) 1 2 3 4 5 (high)

What was your publicity plan for the event? What worked well/What didn't?

Committee's level of involvement: (low) 1 2 3 4 5 (high)

How were your committee members involved? What suggestions can you make to involve more students 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?

Did you utilize outside vendors/food service/ providers for this event? If so, who were they and would you utilize them again? Why or why not? (List any contact information for the vendors)

Additional Comments:

—