

EVENT EVALUATION FORM

Event Name: _____

Date: _____

Time: _____

Location: _____

Rain Location (was it used?): _____

What was the attendance? Did you meet your goal? _____

What was the weather like? _____

SPONSORS

List all sponsors (with contact info):

Note any positives or negatives working with sponsors:

ADVERTISING

List all advertising methods and note if they worked well:

Anything you would do differently?

BUDGET SUMMARY

Total Expenses: _____

Total Revenue

(Including ticket sales and sponsorships): _____

How much did you gain or lose? Did you meet your goal? _____

INCIDENTS

Were there any medical emergencies? :

Were there any safety concerns? :

Other incidents:

GENERAL EVALUATION

What went well at your event? :

What went wrong at your event? :

Other Notes:

ATTENDEE FEEDBACK (Have surveys at your event for better feedback!)

Positive comments about your event:

Negative comments about your event:

Suggestions:

Other:

Attach other documents to this event evaluation form for reference (budget worksheet, surveys, event layout, event agenda, marketing calendar etc.)