

GGC Special Event Evaluation Form

NAME OF EVENT: _____

COORDINATOR IN CHARGE: _____ PHONE: _____

DATE & TIME HELD: _____

PLACE/FACILITY: _____

THEME: _____ COLORS: _____

ESTIMATED ATTENDANCE: ____ (youth); ____ (teens); ____ (adults); ____ (seniors);
_____ (total)

1. Publicity- Did you think there was sufficient publicity for the event (i.e. posters, flyers, buttons, display ads etc.).

2. Equipment- Did you have enough materials and equipment to meet your needs?

3. Décor- Were decorations appropriate for the event? Were there enough? Did the quality meet your expectations?

4. Entertainment- Was the entertainment appropriate for event participants? Were there any unforeseen problems in entertainment arrangements?

5. FOOD- Were you satisfied with the quality and quantities of the food?

6. STAFF/VOLUNTEERS - Were there enough staff and volunteers to handle the event? Were they a properly trained to handle their duties? Please attach a list of the event staff names:

7. FUNDS - Were there sufficient funds? If not, in what area were funds lacking and by how much?

8. GIFTS/GIVE-A-WAYS - Were they appropriate? Were there enough?

9. FACILITY - Was the facility appropriate for the event? If not, what were the problems?

10. SPECIAL SERVICES - Were the services provided by Ministry Coordinators or any other Department adequate? If not, how could they be improved?

11. OTHER

12. EVENT STRENGTHS

13. EVENT WEAKNESSES

14. Please give us your overall recommendations for chances and improvements to this event. Please include a financial report of all costs and expenditures, an Event Time Line from planning to conclusion with an evaluation.

15. Attach to this report all flyers, forms, posters, photos, videos, slides, product samples, tickets, etc. in a three ring, binder.