

Post Event Evaluation Form

Due at the end of the semester

Name of Club: _____

Date of Event: _____

Time of Event: _____

Location of Event: _____

Total Attendance of non-club members: _____

Total # of Outside Guests (people not affiliated with Hollins): _____

Total cost for Food: _____

Total Cost of Entertainment: _____

Total Cost for Decorations: _____

Total Cost of Overall Event: _____

Description of Event: _____

What Went Well: _____

What Didn't Work: _____

Suggestions: _____
