

**MONMOUTH
UNIVERSITY**
where leaders look forwardSM

EVENT EVALUATION FORM

In order to help future events, please complete this form within three weeks of the end of your program. Please return this form to the Office of Student Activities and Student Center Operations, Rebecca Stafford Student Center, 2nd Floor.

EVENT SPECIFICS:

Title of Event: _____ Date of Event: _____
Location: _____ Time (begin-end): _____
Planner: _____ Group: _____

REPORT OF EVENT:

Which of the following methods of marketing did you utilize for this event (check all that apply):

Posters Electronic Sign Board E-mail
 Table tents Hawk TV WMCX Radio
 MU TV Bulletin Banner Sidewalk Chalking
 Word of Mouth Novelty Giveaway Other _____

What services did you contract out for this event (check all that apply):

ARAMARK Food Service Electrician Custodial
 University Police Media Center Tickets (Performing Arts)
 Sound Lights Other _____

EVENT EVALUATION:

What type of learning and/or experiential outcomes were developed from this program (check all that apply):

Multicultural Awareness Educational Social and Personal Interaction
 Global Perspectives Alcohol/Drug Awareness Personal Development
 Entertainment Other _____

How many people came to your event: _____

What were accomplishments and weaknesses of this event?

What recommendations would you have for future planners of a similar event?

BUDGET REVIEW:

Total Expenses: _____ Total Revenues and Sales: _____
Sponsorship Income: _____ Net Profit/Loss: _____

Compiled By: _____ Date: _____