

OFFICE OF STUDENT ACTIVITIES
& STUDENT CENTER OPERATIONS

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):

<input type="checkbox"/> Posters	<input type="checkbox"/> Electronic Sign Board	<input type="checkbox"/> E-mail
<input type="checkbox"/> Table tents	<input type="checkbox"/> Hawk TV	<input type="checkbox"/> WMCX Radio
<input type="checkbox"/> MU TV Bulletin	<input type="checkbox"/> Banner	<input type="checkbox"/> Sidewalk Chalking
<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Novelty Giveaway	<input type="checkbox"/> Other _____

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

<input type="checkbox"/> ARAMARK Food Service	<input type="checkbox"/> Electrician	<input type="checkbox"/> Custodial
<input type="checkbox"/> University Police	<input type="checkbox"/> Media Center	<input type="checkbox"/> Tickets (Performing Arts)
<input type="checkbox"/> Sound	<input type="checkbox"/> Lights	<input type="checkbox"/> Other _____

EVENT EVALUATION:

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

<input type="checkbox"/> Multicultural Awareness	<input type="checkbox"/> Educational	<input type="checkbox"/> Social and Personal Interaction
<input type="checkbox"/> Global Perspectives	<input type="checkbox"/> Alcohol/Drug Awareness	<input type="checkbox"/> Personal Development
<input type="checkbox"/> Entertainment	<input type="checkbox"/> 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: _____