

EVENT EVALUATION FORM

This evaluation form is for student organizations that have received funding from the Student Activities Fee. The evaluation should be submitted to SGA within 2 weeks of the date of the event/program. Only students may submit this form for review.

STUDENT ORGANIZATION & EVENT INFORMATION

Name of Organization: _____

Phone Number: (____) ____ - ____ **Date Submitted:** ____ / ____ / ____

Name of Event: _____

Event Date: ____ / ____ / ____ **Time of Event:** ____ to ____ **AM/PM**

Event Location: _____

Amount allocated by SAF: \$ _____ **Amount used by organization:** \$ _____

Please summarize the event's activities:

How many BSC students participated in this event? _____

Was this event/program open to the general public? YES NO
If yes, how many people from the general public participated? _____

Did the event/program follow the approved budget? Could you have used more resources or less? Why?

What were the best parts of the event and its planning?

What were the worst parts of the event and its planning?

Would you make any change to the event or its planning process? What would those changes be?

Was this event/program free to all BSC students? YES NO

Was any revenue generated by the event/program? YES NO
If yes, how much? \$ _____

