

EVENT EVALUATION

GENERAL INFORMATION

Event: _____

Event Objective: _____

Theme: _____

Date: _____ Day: _____ Time: _____

Intended Audiences: _____

Individuals Responsible:

Assignments:

AUDIENCE BUILDING

Date invitations mailed: _____ Number mailed: _____

Date flyers/posters displayed: _____ Number displayed: _____
on campus _____
off campus _____

DATE(S) ANNOUNCED IN NEWSPAPERS (list each individually):

DATES ANNOUNCED ON RADIO/TV (list each individually):

FINAL ATTENDANCE INFORMATION

Estimated # of:

Trustees _____

Faculty _____

Students _____

Staff _____

Alumni _____

Donors _____

Community Civic Leaders _____

Community Business Leaders _____

Other _____

Total Attendance _____

BUDGET/EXPENSE INFORMATION

Overall budget for event: _____ Income goal (if applicable): _____

<u>Expenses</u>	<u>Budgeted Amount</u>	<u>Actual Expenses</u>
Printed materials		
Design & type	_____	_____
Printing	_____	_____
Mail House handling charge	_____	_____
Postage	_____	_____
Speaker/Presenter Fee	_____	_____
Speaker/Presenter Travel/Hotel	_____	_____
Speaker/Presenter Hospitality	_____	_____
Other transportation (bus, parking)	_____	_____
Food/Catering	_____	_____
Rentals (tables, chairs, dishes, staging)	_____	_____
Services (valet, servers, bartender, security)	_____	_____
Flowers/Decorations/Banners/Flags	_____	_____
Photographer/Videographer	_____	_____
Music/Entertainment	_____	_____
Audio/Visual Equipment	_____	_____
Exhibits/Tenting/Other Set Up	_____	_____
Premiums/Awards/Gifts	_____	_____
Miscellaneous	_____	_____
	TOTAL COST	_____
	Income (if applicable)	_____
	Cost Per Person	_____

PUBLICITY GENERATED FOLLOWING EVENT

Radio/TV/Newspapers/Other:

COMMENTS

Elements that worked well:

Elements that were not successful:

Overall comments and recommendations for future events:

Thank You Notes

Date _____	To _____
Date _____	To _____
Date _____	To _____
Date _____	To _____