

Ministry Event Evaluation Form

Ministry _____ Ministry Team Leader _____

Team Members _____

Event Date: _____

Event Description

Describe your activity...

Describe how you used this event to transform lives, one disciple at a time?

Did you meet your goals? Describe why or why not:

What were areas of success?

What are areas for improvement?

Actual Budget: Total _____ Itemized:

*** Itemized receipts submitted. (Required by IRS for reimbursement)**

Line Item	Amount
<i>Example: Food</i>	<i>\$200</i>

Approved by: _____
 Director

 NCWC Administrator