

SUNY MORRISVILLE
EVENT EVALUATION FORM
Student Activities Office

SPONSOR: (Name of organization/club) _____

EVENT TITLE: _____

DATE(S) OF EVENT: _____, _____, _____ / _____
Day of Week Month Day Year

TIME OF EVENT: Actual Start Time _____ am/pm End Time _____ am/pm

Club/Organization Workers _____

TOTAL NUMBER IN ATTENDANCE _____

Club/Org. attend. _____ Morrisville attend. _____ Public attend. _____

What went well? _____

Were program goals met? Yes No

Problems/Concerns Yes No

What should be done differently next time?

How was the program received? Poor Fair Good Very Good Excellent

Should an event of this type be offered again? Yes No

FOR COMMUNITY SERVICE EVENTS:

Number of participants _____ Number of Community Service Hours Completed _____

FOR FUNDRAISERS:

Income

1. Admission _____
2. Donation _____
3. Other _____
4. Total Funds Collected _____

Inventory: (List all Items purchased for resale)

Details #Purchased #Left

Details	#Purchased	#Left
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Revenue Collected: \$ _____

Number of Sales _____

Total Left over Items: _____

USE of Left over Items: _____

Please use the back for additional comments/recommendations. Please return this form to the Student Activities Office 48 hours after program completion.