

Rivier University
Office of Student Activities and Orientation
Event Evaluation Form

Sponsor Information

Person Completing Form: _____

Position: _____ Organization: _____

Local Address: _____ Phone: _____

Sponsoring Organization/Department: _____

Circle One

Student Faculty Staff

Event Information

Name of Event: _____

Date and Time of Event: _____

Expected Attendance: Students _____ Faculty _____ Staff _____ General Public _____

Actual Attendance: Students _____ Faculty _____ Staff _____ General Public _____

Event Evaluation: Please use the following scale: 1 being the lowest, and 5 being the highest

Performer, speaker, DJ	1	2	3	4	5	N/A
Transportation	1	2	3	4	5	N/A
Food/Beverage	1	2	3	4	5	N/A
Facilities	1	2	3	4	5	N/A
Security	1	2	3	4	5	N/A
Publicity	1	2	3	4	5	N/A
Overall	1	2	3	4	5	N/A

Should this event be held again? Yes No

Would you sponsor this event again? Yes No

What would you change about this event (preparation, planning, publicity, other)?

Additional Notes or Comments:
