

MORRISVILLE STATE COLLEGE
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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.