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  Inventory: (List all Items purchased for resale)
Details  #Purchased  #Left

1. Admission  ________________  ____________________________  ________________  ________________
2. Donation  ___________________  ____________________________  ________________  ________________
3. Other  _________________________  ____________________________  ________________  ________________
4. Total Funds Collected ________________  ____________________________  ________________  ________________

Revenue Collected: $______________  Total Left over Items: ____________________________
Number of Sales___________  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.