Organization Name:__________________________        Today’s Date:__________

Event Information

Title of Event:_________________________________________________________________________

Date of Event: _____________        Day of the Week: ________________

Location of Event: __________________________

Start Time: _______________        End Time: ___________

Co-Sponsor(s):______________________________________________________________________

Do you feel that there was equal collaboration and involvement?   ___Y___   ___N___

How did you advertise (Circle all that apply)?
Table Tents   Flyers   Email   Facebook   Word of Mouth   Other_________________

When did you advertise (Circle all that apply)?
1 week before   2 weeks before   1 month before   Other_________

Expected attendance: ____________        Actual Attendance: ____________

Did You Sell Tickets? ______   Student Ticket Price: ______   Guest Ticket Price: ______

Revenue generated from the event (Please list the amount generated the event):
________________________________________

Would you change anything about this event?
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Were there any unexpected outcomes during the event?
_____________________________________________________________________________
_____________________________________________________________________________