Clubs & Organization Event Evaluation

Club Name:___________________________________________________________________

Event Name & Description:_______________________________________________________

Event Date/Time:_______________________ Duration of Event:_______________________

Lead Person:_________________________ Event Volunteers:_________________________

Participation (circle): 25or less 25-50 50-100 100 or more

Did the program go as planned? (circle) Yes No
If not, why? __________________________________________________________________

What would you change for next time if planning the same event? ____________________

What would you keep the same next time if planning the same event? __________________

Was the facility(ies)/set-up acceptable? (circle) Yes No

Did you use the CampusNet Event Checklist to help you plan your event? (circle) Yes No
If not, why? __________________________________________________________________

Was everything completed on time according to the CampusNet Event Checklist? (circle) Yes No
If not, why? __________________________________________________________________

Were you and your club in compliance with the CampusNet Handbook? (circle) Yes No
If not, why? __________________________________________________________________

Did you feel this event was a success? (circle) Yes No
If not, why? __________________________________________________________________
What would you do differently?

______________________________________________________________________________

____________________________________________________________

Other comments: ______________________________________________________________

______________________________________________________________________________