

Submitted by: _____

Date: _____



EVENT EVALUATION FORM

UCSD Sixth College
Culture, Art and Technology

In order to be reimbursed for your committee/organization's event, please fill out the survey below and turn it in with the reimbursement form and your receipts.

1. Event Name: _____

2. Event Date/Time: _____

3. Location: _____

4. Expected # of Attendants _____ Actual # of Attendants _____

5. Total cost of Event _____ Price of Tickets _____

6. Where and how did you publicize? (Facebook, email SNYCU, posters, flyers)

7. What was the goal of this program? Did the event fulfill the goal? Explain.

8. Which component of the event was most successful?

9. Which component may have needed improvement?

10. Comments or concerns that should be taken into consideration for the following years:

11. Should the event be held again? Explain.

12. Other comments:
