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:

_____

_____