

EVENT REVIEW & SUMMARY FORM

Event Name: _____

Date of Event: _____ Review Date: _____

COMMITTEE MEMBERS IN ATTENDANCE	NOT IN ATTENDANCE

Estimated Budget vs. Real Costs

BUDGETED COSTS	REAL COSTS

What is the estimation of the manpower time that used to accomplish this project?

PERSON(S) INVOLVED	HOURS

WAS THE DESIRED PURPOSE ACCOMPLISHED? (PROVIDE EXAMPLES)

GREAT	NEEDS IMPROVEMENT	REMOVE/CHANGE

POST-EVENT EVALUATION

1. Were there enough volunteers for the event? Yes () No ()

2. Should CFOC provide a similar program in the future? Yes () No ()
If no, why?

3. Was there enough advertising/PR for the event? Yes () No ()
If No, what could be done differently?

4. Was the program executed in a professional manner? Yes () No ()
If No, what could be done differently?

5. Were there any group conflict with this program? Yes () No ()
If yes, what was it? How was it resolved? What could have been done differently?

6. Was there an external vendor/performer? Yes () No ()
Should CFOC select this vendor/performer in the future? Yes () No ()
If no, why?

7. Did it meet the vision (Transforming Lives & Impacting Community)? Yes () No ()
What could have been done differently to make the event better/more effective?

8. Additional comments: _____
