

Event Evaluation Form

Event Name: _____ Event Date: ____/____/____

Sponsoring Organization: _____

Co-Sponsoring Organization: _____

Event Location: _____ Time: ____ - ____ Cost of Admission: \$_____

Event Type: ☐ Comedian ☐ Lecture ☐ Music ☐ Movie ☐ Trip ☐ Other _____

Total # in Attendance: _____ Recommendation: ☐ Yes ☐ No ☐ Maybe

Did this event draw a multicultural/diverse audience? ☐ Yes ☐ No

Types of Publicity:

☐ Flyers ☐ Emails ☐ LED Board ☐ Banners ☐ Charger Bulletin

☐ Facebook ☐ White Board ☐ Other _____

Recommend for future years? ☐ Yes ☐ No ☐ Maybe

Suggestions for Improvement: _____

Comments/Concerns: _____

Signature: _____

Date: ____/____/____

***Please return to the USGA Vice President within one week of the event date.
Additional forms are available at the Office of Student Activities***

For Office use only:
Date Received: ____/____/____
Points Awarded: _____