EVENT EVALUATION \& PLANNING FORM
In an effort to avoid reinventing the wheel each year, we'd like to keep a record of the great, the good, the bad, and the ugly from all our events and efforts going forward. At the conclusion of your event, please complete this evaluation form.
Your volunteer list will help make sure we don't miss any volunteers when it comes to appreciation time at the end of the year. Thanks!

## EVENT BASICS

## Name of Event

| Date(s) | Day(s) of the Week | Time(s) |
| :--- | :--- | :--- |
|  |  |  |
| Chairperson Name | Phone |  |

Phone
Email

Anything about when/where that was particularly good or particularly troublesome?
$\qquad$
$\qquad$

## COMMUNICATIONS

What tactics did you use to promote this event (flyers, email, posters, etc.)?

## What did and did not work well?

What was your timing on communications? Was it too early or too late?

Any lessons learned for next year?

## EVENT EXECUTION

How was participation/attendance? (Be specific if possible.)

## What was the cost to attend or participate?

Any lessons learned for next year?

EXPENSES (if additional, please print another copy \& attach)

|  | VENDOR NAME |
| :--- | :--- |
| ITEM | COST |
|  | $\$$ |
|  | $\$$ |
|  | $\$$ |
|  | $\$$ |
|  | $\$$ |
|  | $\$$ |
|  | $\$$ |

## VENDOR LIST (food, rentals, etc)

VENDOR NAME CONTACT NAME ADDRESS / PHONE / EMAIL NOTE
$\qquad$
$\qquad$
$\qquad$
$\qquad$

## KEY STEPS

| BEFORE EVENT | DURING EVENT | AFTER EVENT |
| :--- | :--- | :--- |
| 1 | 1 | 1 |
| 2 | 2 | 2 |
| 3 | 3 | 3 |
| 4 | 4 | 4 |
| 5 | 5 | 5 |
| 6 | 6 | 6 |
| 7 | 7 | 7 |
| 8 | 8 | 8 |
| 9 | 10 | 9 |
| 10 |  | 10 |

How many volunteers did you have?
How many did you need?

## OVERALL FEEDBACK

Other successes and "gotchas" for this event-anything else you'd do differently?

Anything that worked particularly well?

Any feedback from staff, administrators, or families?

Should we run this event again next year?

## LIST OF VOLUNTEERS

| NAME | ROLE | PHONE | EMAIL |
| :---: | :---: | :---: | :---: |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
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| 23 |  |  |  |

