EVENT EVALUATION FORM

This evaluation form is for student organizations that have received funding from the Student Activities Fee. The evaluation should be submitted to SGA within 2 weeks of the date of the event/program. Only students may submit this form for review.

STUDENT ORGANIZATION & EVENT INFORMATION

Name of Organization: ________________________________________________________________

Phone Number: ( ___ ___ ___ )  ___ ___ ___  Date Submitted: _____ / _____ / _____

Name of Event: ________________________________________________________________________

Event Date: _____ / _____ / _____  Time of Event: _______________ to _______________ AM/PM

Event Location: ________________________________________________________________________

Amount allocated by SAF: $ _______________  Amount used by organization: $ _______________

Please summarize the event’s activities:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

How many BSC students participated in this event? _____________

Was this event/program open to the general public? YES NO
If yes, how many people from the general public participated? _____________

Did the event/program follow the approved budget? Could you have used more resources or less? Why?
____________________________________________________________________________________
____________________________________________________________________________________

What were the best parts of the event and its planning?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What were the worst parts of the event and its planning?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Would you make any change to the event or its planning process? What would those changes be?
____________________________________________________________________________________
____________________________________________________________________________________

Was this event/program free to all BSC students? YES NO

Was any revenue generated by the event/program? YES NO
If yes, how much? $ _______________