

New Birth's Event/Activity Post-Evaluation

While the details of this Event/Activity are fresh in your mind, please take a few minutes right now to record the following information to assure its continuing success for future committees. If you need more space, use the back of this sheet .Thank you for your time.

Event/Activity Title: _____ Date: _____

Chairperson(s): _____

Who were the key people involved in planning and implementation?

Who was the target group? _____ Was childcare available? _____

Total # of adults in attendance? _____ # of tickets sold? _____ Ticket Cost? _____

Goals and Outcomes

Purpose/Goal:

Measurement Method:

Outcomes:

How well was the objective(s) achieved? 100% 75% 50% 25%

What went well? _____

What could have gone better? _____

Were the facilities, equipment, materials, etc., adequate for this Event/Activity?

If this event is done in the future, what needs to be done?

Cost of Event (Detail items and cost. Please place all receipt and/or invoices in an envelope and attach to this form)

Food	\$ _____
	\$ _____
	\$ _____
Supplies	\$ _____
	\$ _____
	\$ _____
Transportation	\$ _____
	\$ _____
	\$ _____
Other	\$ _____
	\$ _____

TOTAL COST OF EVENT \$ _____

TOTAL REVENUE RECEIVED \$ _____

NET GAIN/LOSS OF EVENT \$ _____

(Name of person completing this form)

(Date)