

ASCOCC Program and Event Evaluation Form
2600 N.W. College Way, Bend, Oregon 97701

Organization: _____

Event: _____

Date: _____ Time: _____ Location: _____

Type of event: ___ Social ___ Cultural ___ Educational ___ Recreational ___ Promotional

Attendance: ___ Expected total ___ Actual total ___ % of students ___ % of other

Was food served: YES NO Was alcohol served: YES NO

Catered by: _____ Would you recommend them again: YES NO

Why/Why not: _____

How much time was spent planning this event:

Number of members involved in: ___ Planning ___ Promoting ___ Managing ___ Evaluating

What publicity was used to promote this event:

Amount budgeted for event: \$ _____ Expenses: \$ _____ Admission or income generated \$ _____

Funding sources/co-sponsorship of event: \$ _____ Name: _____

\$ _____ Name: _____

\$ _____ Name: _____

Did you consult your advisor for help? YES NO

If yes, how did she/he assist?

What was successful about the event?

What problems did you encounter?

What last minute adjustments had to be made?

Would you host this event again? YES NO

Suggestions for improvement: _____

Signature of Member

Title

Date

Signature of Advisor

Title

Date