



Event Evaluation Form

Year: _____

Today's Date: _____ Event Date: _____

Organization Contact Name: _____

Club/Organization Name: _____

Event Title: _____

Event Description: _____

Meeting Workshop Fundraiser social/special event

Party Community Service Other

Location: _____ Start Time: _____ End: _____

Number of Attendees: _____ Did event meet its purpose/goals? Yes No

In what way did the event meet its purposes/goals? _____

How would you improve this event? _____

Would you recommend repeating this event? Why or why not? _____

Organization President's Signature

Date

Organization Advisor's Signature

Date

Authorized BCSG/Greek Council VP Signature

Date

CSLE Director/ Assistant Director Signature

Date

**Please Note that this form is due 24 hours after the initial program is completed.
Failure to hand this form in will result in non-approval for future programs.**