

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_



# EVENT EVALUATION FORM

UCSD Sixth College  
Culture, Art and Technology

*\*In order to be reimbursed for your committee/organization's event, please fill out the survey below and turn it in with the reimbursement form and your receipts.\**

1. Event Name: \_\_\_\_\_

2. Event Date/Time: \_\_\_\_\_

3. Location: \_\_\_\_\_

4. Expected # of Attendants \_\_\_\_\_ Actual # of Attendants \_\_\_\_\_

5. Total cost of Event \_\_\_\_\_ Price of Tickets \_\_\_\_\_

6. Where and how did you publicize? (Facebook, email SNYCU, posters, flyers)

---

---

7. What was the goal of this program? Did the event fulfill the goal? Explain.

---

---

8. Which component of the event was most successful?

---

---

9. Which component may have needed improvement?

---

---

10. Comments or concerns that should be taken into consideration for the following years:

---

---

11. Should the event be held again? Explain.

---

---

12. Other comments:

---

---