Event Evaluation Form

Fall 2009 - ***One per event prior to Fall Break***

Name of Organization: _____

Co-sponsorships: _____

Event Name: _____

Date/Time of Event:_____ **Location:** _____

Ticket Cost: _____ **Attendance:** _____ **Security? (Y/N):** _____

Projected Total Budget: _____ **Amount Fundraised:** _____

Actual Budget:

Description	Amount
TOTAL	$0.00

Marketing Used:

Promotion	Y/N	Promotion	Y/N
Case Daily		photos.case.edu	
The Observer		Fliers	
Facebook		Classroom	
Group		Calendar	
Chalking		E-mail	

Will you have this event again: _____

Is this event annual: _____

Description of Event:_____

_____

_____

_____

_____