

## Event Evaluation Form at UUSS FRST (FundRaising STrategy committee)

Event:	
Chair:	
Chair Phone # & e-mail	
FRST Contact	
Day and Date of Event	
Type of Event	
First time?   Annual Event   Other	

### Staffing for the Event

# of volunteers working on event \_\_\_\_\_

Estimate of hours **you** spent on the event \_\_\_\_\_

Estimate of the # of hours the volunteers spent on the event (not including you)

\_\_\_\_\_

Was the effort worth the outcome? Why?

For a fun event \_\_\_\_\_

For a fundraising effort \_\_\_\_\_

### Funding

Did you have a UUSS budget for this event?   Yes No   How much? \_\_\_\_\_

Ticket Price per individual	
# of Tickets Sold	
Gross income	
Expenses	
Net Income	

Do all the proceeds go to UUSS? If not, what is the split and why

\_\_\_\_\_

(continued)

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Please Answer the following questions based on the scale

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
There was sufficient volunteer staffing?					
The UUSS staff was supportive and helpful					
Publicity internal to UUSS was good					
If applicable, publicity external to UUSS was good					

Were there any external factors over which you had little or no control (such as weather) that impacted your success?

What three things well particularly well for this event?

- 1
- 2
- 3

If we did this event again, what 3 things should be adjusted or eliminated?

- 1
- 2
- 3

Would you be willing to work on this event in the future?

Please recommend others who would be good to work on the event in the future

Thank you!