



Event Evaluation

This form is to be filled out by the service unit event planner. Please return to the service unit special event coordinator.

Event: _____ Date of Event: _____

SU Event Planner: _____ E-mail: _____

Number of girls on committee: _____ Age Groups: _____

Number of adults on committee: _____

Number of girls attending: _____ Age Groups: _____

Number of adults attending: _____ Additional attendees: _____

Were you pleased with the event and the plans? _____

Describe what went well:

What would you change?

What was the favorite activity? _____

Have you sent thank-you notes to groups, people, or organizations who helped? Yes No

Other suggestions?

Please attach summary of participant surveys and any site specific information like a schedule, contact information, shopping lists, etc.