



Date of Event: ___ / ___ / ___

Ministry / Event Name: _____

Event Overseer: _____ Event Coordinator: _____

Date of Evaluation: ___ / ___ / ___ Coordinators Present at Meeting: _____

PURPOSE OF EVENT.

WHAT WENT WELL & HOW WAS EVENT SUCCESSFUL BASED ON THE PURPOSE.

WHAT TO KEEP.

WHAT TO DROP & WHY.

UNFORESEEN PROBLEMS.

WHAT SHOULD BE DONE DIFFERENTLY IF EVENT HELD AGAIN.

DID WE STAY ON BUDGET.

DID WE HAVE ENOUGH VOLUNTEERS FOR EVENT.

