

**CSU Student Activities Council**  
**Event Evaluation Form**

Event Name: \_\_\_\_\_

Sponsor/Co-Sponsor: \_\_\_\_\_

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

Committee: \_\_\_\_\_

Event Time: \_\_\_\_\_

Location: \_\_\_\_\_

Alternate (Rain) Location: \_\_\_\_\_

Amount Budgeted: \_\_\_\_\_

Actual Total Cost: \_\_\_\_\_

*\*Attach a complete budget breakdown for your event with all final costs included*

Attendance: \_\_\_\_\_

**Was the publicity effective? If not, what would you do differently?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Suggestions you would make to improve the event:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Positive aspects of the event:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments about the event:** \_\_\_\_\_

\_\_\_\_\_

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

*\*Event Evaluations are due within 72 hours of your event\**