

EVENT EVALUATION FORM

Event: _____ Project Code: _____

Date: _____ Volunteer Chair: _____

Other key volunteers: _____

Event location: _____

Attendance:

Units:

Units Participating	Units in District	Percentage Unit Participation

Youth:

Youth Participating	Registered Youth in District	Youth Percentage Participation

Adults:

Adults Participating	Registered Adults in District	Adult Percentage Participation

Finances:

	Budgeted	Actual
Expenses		
Income		
NET INCOME		

Staff:

Youth Staff	Adult Staff

History of event: ☐ - First year event ☐ - 2 to 5 year event ☐ - 5+ year event

Estimated manhours used :

Volunteer: _____ Hours

Professional: _____ Hours

Start:

Stop:

Continue: