

GRACE BAPTIST EVENT EVALUATION FORM

INSTRUCTIONS

To be filled out by the person in charge of the event in conjunction with event staff and submitted to the committee chairperson for evaluation.

Leave a copy in the mailbox of the Board chairperson.

Committee: _____ Chairperson: _____

Person in Charge of the Event: _____

Event Name: _____ Event Date / Time: _____

PLANNING

1. Identify Purpose for event:

NOTE: May be more than one, although there is usually 1 primary focus
Fellowship / Discipleship / Worship / Ministry / Evangelism

2. Anticipated cost: \$ _____ .00 Actual cost: \$ _____ .00

PARTICIPATION

1. Number of different people involved in planning in the actual event: _____

2. Besides those who planned, number of people expected to attend: _____

3. Number of people who did attend: _____

EVALUATION

1. Did a significant number from your target group attend the event? YES / NO

2. If NO, can you identify why or why not?

(For ex. the day did not work, the time was early/late, getting children rides was a problem, not enough promotion, cost prohibitive, etc)

_____.

_____.

3. In your opinion, was the financial outlay appropriate for the apparent success of this event? YES / NO

4. In your opinion, was the investment of peoples' time appropriate for the apparent success of this event? YES / NO

SUMMARY

1. The event was successful and should be done again: YES / NO

2. The event was less than 100% successful, but with some modifications you would desire do it again: YES / NO

If YES, explain here:

_____.

_____.

3. The event was not worthwhile and consideration will be given as to whether the event will be repeated: YES / NO

Rev. Initial 4/10/09