

## Marywood University Event Evaluation Form

Event: \_\_\_\_\_ Organization/Committee: \_\_\_\_\_

Date: \_\_\_\_\_ Day of the Week: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Attendance: \_\_\_\_\_ Program Coordinator(s): \_\_\_\_\_

Description of the Event:

Types of Publicity (Attach examples if possible):

Cost of Event (Brief description of what money was spent on):

Other Comments (Media, Food, Security, Equipment, Accidents/Injury):

**Return completed form to the Center for Student Activities and Leadership  
Development within 10 days of the event.**