

# EVENT EVALUATION for NON CATERED EVENTS

EVENT: \_\_\_\_\_ DATE: \_\_\_\_\_

HOSTS: \_\_\_\_\_

PRICE PER MEMBER: \_\_\_\_\_ PRICE PER GUEST: \_\_\_\_\_

# OF MEMBERS ATTENDED \_\_\_\_\_ # OF GUESTS ATTENDED \_\_\_\_\_

FACILITY USED: \_\_\_\_\_

NAME OF ENTERTAINMENT: \_\_\_\_\_ COST: \_\_\_\_\_

COST OF DECORATIONS/MISC. ITEMS PURCHASED \_\_\_\_\_

COST OF PURCHASED FOOD: \_\_\_\_\_

DRINKS: \_\_\_\_\_

TOTAL EXPENSES: \_\_\_\_\_ TOTAL REVENUE: \_\_\_\_\_

ITEMS USED FROM THE STORAGE LOCKER: \_\_\_\_\_

WHAT WAS VERY SUCCESSFUL? \_\_\_\_\_

WHAT COULD HAVE BEEN IMPROVED? \_\_\_\_\_

SUGGESTIONS FOR OTHER HOSTS: \_\_\_\_\_

SUBMITTED BY \_\_\_\_\_ Date \_\_\_\_\_

Send this form to Trails Club Treasurer with receipts for payment and also send a copy the Trails Club President

