Student Entertainment Committee
Event Evaluation Form

Name of Event ___________________________ Type of Event __________________

Date (include day of week) ___________________ Time __________________

Location __________ House Capacity __________ Attendance __________

Price of Tickets __________________________ Pre-Show Sales __________________

Audience Reaction: Excellent _____ Good _____ Fair _____ Poor _____

Overall Program Rating: Excellent _____ Good _____ Fair _____ Poor _____

Program Objectives / Goals: ____________________________________________

____________________________________________________________________

Did the program meet the stated goals and objectives? Yes / No If no, why not?

List People Outside of SEC that helped (Put Name, Title, and Phone Number) __________

____________________________________________________________________

Evaluate The Artist:
Name: ___________________________ Agent: ___________________________

Was the artist cooperative?

Did the artist follow the contract?

Was the artist on time?

ADDITIONAL COMMENTS:
Publicity:
How far in advance was publicity distributed? 

Where was publicity distributed? 

Was publicity: Excellent _____ Good _____ Fair _____ Poor _____

Please ATTACH any clippings, hand bills, and flyers. Please describe any posters, articles, or news spots used: 

Final Remarks:
Please list strengths of this program: 

What could have been done to make this activity more successful? Did the event run smoothly? Was there any undue confusion? 

Would you recommend doing this activity again? Why / Why Not? 

Suggestions for future planning of this event: 