Committee Name: _____

Chairperson(s): _____

Event Date(s): _____Evaluation Date: _____

1. Volunteer Resources:
   How many volunteers?
   Was this enough?

2. Time:
   How much time was spent organizing, executing, post event?

3. Event:
   Execution:

   Appropriateness:

   Areas of Improvement:

4. Evaluate Vendor/Retailer(s):
   List Vendor(s) Used (Please include contact information):
   Indicate with check in the box whether you would use this vendor again.

_____ ☐
_____ ☐
_____ ☐
_____ ☐
_____ ☐
_____ ☐

Committee Name: _____

Chairperson(s): _____

_____

List New Resources: (Please include contact information)

_____ ☐
_____ ☐
_____ ☐
_____ ☐
_____ ☐
_____ ☐
_____ ☐
_____ ☐

Would you volunteer to chair this event/committee next year? If no, why not.

Is there a stand out volunteer that would be interested in chairing this committee/event next year?

Comments/Suggestions_____
_____
_____
_____
_____
_____
_____
_____
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_____
_____
_____
_____
_____