

FORM H: EVENT EVALUATION FORM

Date of Event:	Event Name:		
Contact Person:	Person Evaluating:		
# of Participants	_____ (Youth)	_____ (Adults)	
Grades of Participants	<input type="checkbox"/> Jr. High	<input type="checkbox"/> Sr. High	<input type="checkbox"/> Other:
Cost per Participant	\$ _____	Total Collected:	\$ _____
	Amount	Description	
Cost of Event:	\$ _____		
	\$ _____		
Names of Chaperons:			
1.	5.		
2.	6.		
3.	7.		
4.	8.		

Time of Event Begin: _____ End: _____

Method of Transportation:
(if applicable) _____

Overall Rank: Great Good Poor

Comments: