

# Event Summary Form

The Office of Student Development, Iona College, New Rochelle, NY 10801  
P: (914) 633-2360 F: (914) 633-2185



Name of Event/Program: \_\_\_\_\_

Student/Club Organizer: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Type of Event: Entertainment: \_\_\_\_\_ Co-Curricular: \_\_\_\_\_ Diversity: \_\_\_\_\_

Anticipated Attendance: \_\_\_\_\_ Actual Attendance: \_\_\_\_\_

Amount Allocated: \_\_\_\_\_ Amount Spent: \_\_\_\_\_

Admission Price: \_\_\_\_\_ Total Money Raised: \_\_\_\_\_

**Goals of the program:** \_\_\_\_\_

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**Were the goals of the program met?** *On a scale of (1) to (5), with (1) being no goals were met and (5) being all goals were met, please rate the performance of your event:*

1                      2                      3                      4                      5

Why \_\_\_\_\_

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**Would you run this event again?** *On a scale of (1) to (5), with (1) being you would not run this event again and (5) being you would repeat this event, please rate the event:*

1                      2                      3                      4                      5

Why \_\_\_\_\_

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(OVER)

**Were you pleased with service providers?** *On a scale of (1) to (5), with (1) being you were unhappy and (5) being that you were happy with the vendors and/or service providers, please rate their service:*

1                      2                      3                      4                      5

Why \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**As event coordinator what have you gained from this experience?** *On a scale of (1) to (5), with (1) being you gained no experience and (5) being you gained a lot of experience, please rate your experience in coordinating an event:*

1                      2                      3                      4                      5

Why \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What did your organization gain/learn from planning/executing this event?** *On a scale of (1) to (5), with (1) being your organization learned nothing and (5) being your organization learned a great deal, rate the learning experience of your organization from this event:*

1                      2                      3                      4                      5

Why \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Information:

**Advisor Name:** \_\_\_\_\_ **Advisor Signature:** \_\_\_\_\_