



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: _____

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 _____

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 _____

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:** _____