

# SPECIAL EVENT EVALUATION FORM

Event Name: Tree Lighting Ceremony

**Required Information:** Please rate the following questions 1- 10 by filling in the box of the number that best represents your opinion ( 1 being **POOR** and 5 being **EXCELLENT**)

1. How well do you feel the event went?

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

2. What did you think about the performers?

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

3. How well was the event organized?

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

4. How would you rate the Master of Ceremonies?

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

5. Was the event staffed efficiently?

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

6. How was the staff communication for this event?

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

7. How well were the volunteer duties explained?

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

8. Was the event properly and efficiently promoted?

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

**Please answer the following questions to the best of your abilities:**

9. What did you like the most/least about the event?

10. Did you hear any positive/negative feedback from patrons and if so what?

11. What changes, if any, do you feel need to be made to enhance the event for next year?