



EVENT EVALUATION FORM
(Please return this form as soon as possible after your event)

NAME OF EVENT _____ DATE OF EVENT _____

Person Reporting _____ Church _____ City _____

RESULTS:

Estimated number of participants _____

Estimated number of workers _____

Estimated number of professions of faith (if applicable) _____

Estimated number of prospects discovered (if applicable) _____

REMARKS:

Did this event accomplish your objectives?

Would you have this event again? Why/Why not?

Would your leadership assist another church in doing this event?

Additional Comments:

Please note that future funding cannot take place until all previous Event Evaluation Forms have been received.