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## EVENT REFLECTION

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Please fill out form and return to the Leadership Office

Name/Position	
Event	
Start Date/Time	
End Date/Time	
Campus	
Location at Campus	
Club	

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## GENERAL FEEDBACK

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How would you rate your event (choose one)

Highly Successful

Successful

Moderately Successful

Unsuccessful

Explain below why you feel this way:

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## EVENT TURN OUT BREAKDOWN

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Please provide a breakdown of how many students attended your event.

How many club members attended the event: \_\_\_\_\_

How many general students attended the event: \_\_\_\_\_

How many did you expect to attend the event: \_\_\_\_\_

How many non-students attend your event: \_\_\_\_\_

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## WHAT WENT WELL?

Please outline the components of your event that went well:

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## WHAT COULD HAVE GONE BETTER?

Please outline the aspects of the event that could have been improved upon:

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## KEY RESOURCES

Please outline three to four key resources that provided to be incredibly important to your event:



## ADDITIONAL INFORMATION

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Please add any notes or comments that you would like to have on file: