

Post Activity & Event Review Form

Please complete the form below **within 7 days** of the completion of your event or activity. Please submit completed forms to the church office.

EVENT or ACTIVITY:

Date:

Start Time:

End Time:

Ministry / Operation:

Ministry / Operational Lead:

Location:

Number in Attendance:

Number of Volunteers:

What was the goal(s) of the event/activity?

Do you feel the event/activity accomplished its goal(s)?

Are there any other outcomes you would like to share?

Were there first time visitors present? Yes No **If so, how many?**

****Please share visitor information with Visitor & Guest Services Ministry****

Were souls won to Christ? Yes No **If so, how many?**

****Please share new convert information with the New Member's Ministry****

If on-site: Was the room set-up based on your request? Yes No

If no, why?

Was the equipment you requested provided? Yes No

What was the proposed budget?

Did the event/activity fit within the proposed budget? Yes No

If not, how much did the event/activity go over the proposed budget?

What were the overall expenses for the event/activity?

Was there any revenue generated from the event/activity? Yes No

If so, how much (please include monetary donations)?

Did the event/activity make a profit (expenses minus revenue)? Yes No

If a profit was made, how much?

Did you get the ministry support you needed? Yes No

Would you consider having this event/activity next year? Yes No

If not, why?

Comments: