

POST EVENT

Event:

Event Date: _____

GROUP: _____

What changed from the initial plan?

3 things that could be improved if this event were to occur in the future:

1. _____

2. _____

3. _____

Thank You's:

Completed by: _____

When: _____

Clean up:

Posters (and stunt) taken down by:

When: _____

Venue cleaned by:

Verified by:

Comments:

Individual Evaluations:

Each member of your group must submit an assessment form.

Assessment **MUST** be submitted to the designated Executive. All members must submit a form no later than one week after the event.

Failure to submit your form will result in a **0** for your assessment mark.