

EVENT EVALUATION



NAME _____ DATE _____

TOP 3 THINGS TO CONTINUE

- 1 _____

- 2 _____

- 3 _____

TOP 3 THINGS TO WORK ON

- 1 _____

- 2 _____

- 3 _____

FOOD RATING (1-10) _____

FOOD COMMENTS

VENUE RATING (1-10) _____

VENUE COMMENTS

OVERALL RATING (1-10) _____

OVERALL COMMENTS