

A.S. EVENT EVALUATION

Title of Event: _____

Date(s): _____ Time: _____

Location: _____ Attendance: _____

Sponsor: _____

Co-sponsors (if any) _____

Description of Event/Performer:

Comments/Additional Information:

Would you recommend this event for the future? [] Yes [] No

Why or why not?

Suggestions for the future:

add an additional sheet of paper if you want to provide more detail

| | |
|---|-----------------|
| Cost (of performer, film, exhibit, ...) | \$ _____ |
| Hospitality and/or travel | \$ _____ |
| Publicity/Advertising | \$ _____ |
| Event Services (Set-up/Security/Tech) | \$ _____ |
| Box office fees-12.7% of revenue | \$ _____ |
| Other (please describe) | \$ _____ |
| Total Costs | \$ _____ |

Ticket Price(s) \$ _____ Gross Ticket Sales \$ _____ -5% tax = \$ _____

Additional information about performers, agent, artist, film distributor, ...

Performer name/contact person: _____

Address: _____

Phone Number: _____