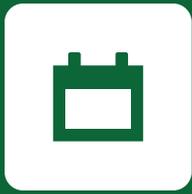


EVENT EVALUATION



Minister: _____
Event: _____
Date Submitted: _____

WHAT WORKED:

WHAT DIDN'T WORK:

WHAT TO CHANGE:

Date & Time of Event: _____

Location: _____

Attendance: _____ Staff: _____

Number of Volunteers Used in Your Area: _____ Cost: _____

Decisions Made: _____
