

**SIOUXLAND ASSOCIATION
EVENT EVALUATION FORM**

(Please return this form as soon as possible after your event)

NAME OF EVENT _____

DATE OF EVENT _____

Person Reporting _____

Church _____

RESULTS:

Estimated number of participants _____

Estimated number of workers _____

Estimated number of professions of faith *(if applicable)* _____

Estimated number of prospects discovered *(if applicable)* _____

REMARKS:

Did this event accomplish your objectives? How?

Would you have this event again? Why/Why not?

Would your leadership assist another church in doing this event? Why/Why not?

Did the Association respond to your needs in an appropriate and timely manner?

Additional Comments: