Event Evaluation Form

~~New Google Form~~

https://funding.clubs.uci.edu/evaluation/

Evaluator Name: _____

Position: _____

Name of the Organization: _____

~~SPFB Account Number: _____~~

Name of the Event: _____

Date and time of the event: _____

Location: _____

Event Description: _____

_____

_____

_____

_____

_____

_____

Estimated Attendance: _____

Evaluator Signature: _____

Date: _____