



# POST EVENT REVIEW FORM

Complete the form below and submit it to the Department Head.

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## GENERAL INFORMATION

Name:	Date:																								
Submitted by <i>(include title)</i> :																									
Ministry:	Ministry Leader:																								
Checklist of attached items: <table border="1" style="margin-left: 20px; border-collapse: collapse; width: 250px;"> <tr><td style="width: 20px; height: 15px;"></td><td>Event photographs</td></tr> <tr><td style="width: 20px; height: 15px;"></td><td>Attendance sheets</td></tr> <tr><td style="width: 20px; height: 15px;"></td><td>Setup diagram</td></tr> <tr><td style="width: 20px; height: 15px;"></td><td>Proposed budget</td></tr> <tr><td style="width: 20px; height: 15px;"></td><td>Inventory needs</td></tr> <tr><td style="width: 20px; height: 15px;"></td><td>Expense receipts</td></tr> </table>		Event photographs		Attendance sheets		Setup diagram		Proposed budget		Inventory needs		Expense receipts	Expectations & Results: <table border="1" style="margin-left: 20px; border-collapse: collapse; width: 200px;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%;">Proposed</th> <th style="width: 20%;">Actual</th> </tr> </thead> <tbody> <tr> <td>Attendance</td> <td></td> <td></td> </tr> <tr> <td>Volunteers</td> <td></td> <td></td> </tr> <tr> <td>Expenses</td> <td></td> <td></td> </tr> </tbody> </table>		Proposed	Actual	Attendance			Volunteers			Expenses		
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## IMPACT

<ol style="list-style-type: none"> <li>1. Was the event evangelical or community outreach driven? (Circle one)</li> <li>2. What was the focus of the event?</li> <li>3. Were souls won to Christ?    Y        N        If yes, how many?</li> <li>4. Who has the information for the new souls? Please provide name &amp; contact info</li> <li>5. Any other outcomes?</li> </ol>
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## FACILITIES

1. Was room and materials setup 90 minutes prior to start time?	Y	N
2. Was room and materials properly setup?	Y	N
3. Were table covers and skirting clean with neat appearance?	Y	N
4. Was seating set as depicted in proposal diagram?	Y	N
5. Was flooring clean (swept, mopped or vacuumed)?	Y	N
6. Was podium properly located and sturdy?	Y	N
7. Was lighting cast to appropriate brightness?	Y	N
8. Were restroom areas cleaned and well-stocked with supplies?	Y	N
9. Was there a pleasant fragrance to the area in use?	Y	N
10. Were walkways and entrances clean, without clutter and properly spaced from tables?	Y	N

## EVENT LOCATION

<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> North	<input type="checkbox"/> West	<input type="checkbox"/> Faith United
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## BUDGET

What was the proposed budget? \_\_\_\_\_ Were there any unplanned expenses? Y N

Did this event go over budget? Y N If yes, by how much? \_\_\_\_\_

- Why did this event go over budget? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does this event require any reimbursement? Y N

- If yes, who & how much? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Please attach all receipts to this form*

## MINISTRY SUPPORT

- |  |   |   |
|--|---|---|
| 1. Did this event require the assistance of other ministries?                              | Y | N |
| 2. Were those ministries notified 90 days prior to this event?                             | Y | N |
| 3. Did the planner of this event receive confirmation from other ministries?               | Y | N |
| 4. Did the other ministry volunteers arrive at least 45 minutes prior to starting time?    | Y | N |
| 5. Did enough other ministry volunteers assist?  | Y | N |
| 6. Were directives given from this ministry to the others prior to the start of the event? | Y | N |
| 7. Were materials prepared in advance?   | Y | N |
| 8. Were announcements prepared and delivered well enough in advance?                       | Y | N |
| 9. Was a sign-in sheet used for this event? (please attach to this form)                   | Y | N |
| 10. Are there follow-up communications that need to be made to event participants?         | Y | N |

## TRAINING

- |  |   |   |
|--|---|---|
| 1. Did the participants in this ministry require training?           | Y | N |
| 2. Was the training previously scheduled?                            | Y | N |
| 3. Who were the lead trainer(s) / facilitator(s)                     | Y | N |
| Please Name:   |   |   |
| 4. Was there a walkthrough prior to the event?                       | Y | N |
| 5. Was there a layout designed for the event?                        | Y | N |
| 6. Were event materials / packages properly prepared prior to event? | Y | N |



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## MEETINGS

- |   |   |   |
|---|---|---|
| 1. Are there subsequent meetings and/or events from this event?                 | Y | N |
| 2. If yes, has the proper paperwork been submitted for those meetings / events? | Y | N |

*Please write the name & contact information for the person responsible for planning:*

## INVENTORY NEEDS

- |  |   |   |
|--|---|---|
| 1. Were requested materials/equipment made available in a timely manner? | Y | N |
| 2. Were those materials/equipment supplied in desired supply amount?     | Y | N |
| 3. Were leftover supplies returned to Ministry Administrator?            | Y | N |
| 4. Are there recommendations for future purchase?                        | Y | N |

*Please List:*

## TRANSPORTATION

- |  |   |   |
|--|---|---|
| 1. Did the transportation request adequately meet the needs of this event? | Y | N |
| 2. How many people required transportation?                                |   |   |
| 3. Who made the transportation arrangements?                               |   |   |
| 4. What company provided transportation?                                   |   |   |

## MINISTRY COMMUNICATION

- |  |   |   |
|--|---|---|
| 1. Were all ministry team members contacted?                               | Y | N |
| 1a. Email (upon the scheduling of event)?                                  | Y | N |
| 1b. Email (2 weeks prior to event)?  | Y | N |
| 1c. Phone call (1 week prior to event)?                                    | Y | N |
| 2. Did ministry leader receive confirmation of those contacts to the team? | Y | N |

## MINISTRY ATTIRE

- |  |   |   |
|--|---|---|
| 1. Was attire recommendation for event approved by executive team?             | Y | N |
| 2. Did executive communication respond to recommendation (and/or adjustments)? | Y | N |
| 3. Were ministry team members informed of attire recommendation?               | Y | N |
| 4. Did the attire work toward the benefit of the event?                        | Y | N |

## MINISTRY VOLUNTEERS

- |   |       |   |
|---|-------|---|
| 1. Were there more than a sufficient number of volunteers?            | Y     | N |
| 2. Was there sufficient support from other ministries (if requested)? | Y     | N |
| 3. How many active volunteers currently assist this ministry          | _____ |   |
| 4. Does there need to be a recruitment initiative for this ministry   | Y     | N |



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## ADVERTISING

Advertising Method <i>Check all that apply</i>	Dates of Advertisement	
	Start Date	End Date
<input type="checkbox"/> Television (What Stations: _____)		
<input type="checkbox"/> Radio (What Stations: _____)		
<input type="checkbox"/> Newspaper (Name: _____)		
<input type="checkbox"/> Postcards (How Many: _____)		
<input type="checkbox"/> Brochures (How Many: _____)		
<input type="checkbox"/> Leaflets (How Many: _____)		
<input type="checkbox"/> Website		
<input type="checkbox"/> Billboards (Where: _____)		
<input type="checkbox"/> Movie Theaters (Which: _____)		
<input type="checkbox"/> Mass Phone Calls (How Many: _____)		
<input type="checkbox"/> Email Blast (How Many: _____)		
<input type="checkbox"/> Banners		

## ADDITIONAL COMMENTS