



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: 150px;"> <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"> 1. Was the event evangelical or community outreach driven? (Circle one) 2. What was the focus of the event? 3. Were souls won to Christ? Y N If yes, how many? 4. Who has the information for the new souls? Please provide name & contact info 5. Any other outcomes?

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