



SENECA
STUDENT
FEDERATION

POST MORTEM/EVENT REPORT FORM

The information that you include in this report will be used by the SSF Inc. to determine if there are ways the SSF can better support you in your next event. You can attach a document with the information if you prefer. Please forward completed form to your Coordinator, Clubs & Associations and attach to your Club & Association Reimbursement form.

Name of Club/Association: _____

President Name: _____

Name of Event: _____

Dates of Event: _____ **Time of Event:** _____

Location of Event: _____

of Attendance: _____ **# of Volunteers:** _____

Rate the following on a scale of 1 to 4:

(1 = Not good; 2 = Pretty good; 3 = Good; 4 = Very Good)

1. Was the event successful: 1 2 3 4
2. How effective was the promotion for the event? 1 2 3 4
3. How was the attendance for the event? 1 2 3 4
4. Did you have enough volunteers? Yes No
5. Would you run this event or a similar event again? Yes No

Why/Why Not? (Refers to Question 5)

List the Strengths and Weaknesses of Event.

Future Improvements: *List any concerns that came from this event and what you think can be done to improve an event of this nature in the future.*

OFFICE USE ONLY:

Received by: _____ **Date:** _____