



TEAM OMF Post Event Evaluation

Chair Name: _____

Address: _____

Phone # _____ Email: _____

Purchases Made for Event (What purchased and how much):

Comments on Purchases (Too much purchased, too little, etc.):

Timeline Adjustments (actual date that worked for you):

What worked well:

Changes/Suggestions:

Can this event become an annual event?

Please complete and bring at the committee wrap up meeting.