

SISTERHOOD REPORT AND EVALUATION FORM

Project (Event) Title: _____ **Event Date/Time:** _____

Project Chair(s) and Committee Members/Volunteers: _____

Do you feel you needed a larger/smaller committee? _____

Summary of Project/Event (if more space is needed, please attach a separate sheet):

Planning Start Date: _____. **Was this enough time?** _____. **If not, how much is needed?** _____

What kinds of publicity did you use, when did you begin, and for how long? Please attach copies.

Publicity Type

Flyer _____ Invitation _____ Kol Sholom _____
 Mailing _____ Fri Nite Bulletin. _____ Internet _____
 Pamphlet _____ Others: _____

Major categories of planning (please check as many as applied and attach copies of any paperwork):

Coordinating with: Rabbi(s) _____ Cantor ____ Rel. School ____ CLC ____ Bsty/Octy ____ Speaker ____
 Room Set-Up ____ Decorations ____ Cooking/Caterer ____ Music ____ Choir ____ Transportation ____
 Accommodations ____ Restaurant ____ Tour/Class ____ Other _____

Please describe the necessary planning: _____

Please use back of form or attach a more detailed description if necessary.

Please List volunteer involvement:

Volunteer Name	Task(s)	Time Commitment.

All volunteers and tasks need to be listed. Attach a complete list, if necessary.

Detailed Expenses: food, flyers, decorations, supplies, etc.: (if not enough room, list on separate sheet):

_____	\$ _____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Expenses:			\$ _____

Income details: Admission prices, extra fees, donations, etc.:(if not enough room, list on separate sheet):

_____	\$ _____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Income:			\$ _____

Was price appropriate? _____ Was more/less budget needed? _____

Overall, was this event was a success? _____ Please detail strengths and weaknesses of event:
Strengths: _____ Weaknesses: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you feel this event should be repeated? _____ If so, when? _____ How often? _____

Recommendations for next time: _____

List Participant(s) comments:

Was your job as Chairperson too demanding? What would you change?

Anything else you feel is necessary to add to this report:

Prepared by: _____

Dated: _____