

Troop 1029 Fundraiser Event Evaluation Form

Name of Event:	
Date of Event:	
Scout Name:	
Date Completed:	
Responsibility for Event:	

List or Describe what you thought was successful or worked well with the area of the event you were responsible for or involved in:

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List or Describe what you thought was NOT successful or did not work well with the area of the event you were responsible for or involved in:

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List your actions/recommendations for improvement for future events with the area of the event you were responsible for or involved in:

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List or Describe what you thought was successful or observed working the whole event:

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