



SPECIAL EVENT POST-EVENT EVALUATION

OFFICE USE ONLY

Application #: _____

Date Rec'd: _____

Employee Initials: _____

The goal of the Special Events Committee is to assist Event Sponsors with all the necessary information to produce a successful event in the City of Bellevue. After your event takes place, you will be required to complete the following evaluation, and return it within 30 days. Please share what worked well, what you might do differently, feedback that was received from the public and how you feel overall about the event. This form is to assist you and the Committee in this review. Once received, you may be invited to a meeting to debrief and address any concerns.

POST-EVENT EVALUATION

Event Sponsor Name:	
Event Name:	
Event Date:	Event Location:
Estimated Attendance: (on application)	Actual Daily Attendance:
Event Overview: (Weather, programming, site plan, modifications)	
Describe what worked well: (Parking, load-in/out, set-up/take down, shuttle, pedestrian flow)	
Did you come across any unforeseen problems or challenges in the permitting process, or on the day of the event?	
Did you experience any safety or security concerns?	
Provide suggestions for how this event could be improved next year.	
Do you plan to do this event next year?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate date: