

Rapid City Sports Council Event Grant Evaluation Report

Name of Event: _____

Name of Organization: _____

Date(s) of Event: _____

How many people total participated in your event? _____

How many were from outside of the Black Hills area? _____

What could make your event better? _____

Overall, were there any major problems or situations during your event, and if so, please explain what happened and how it was resolved? _____

Did the Rapid City Sports Council Event Grant significantly affect the success of the event, and if so, how? _____

Will you host the event again, and if so, when? _____

Did you collect demographic information during your event? _____

Were you satisfied with the help you received from the Rapid City CVB and the Rapid City Sports Council? _____

Comments or recommendations: _____

Please attach a financial profit & loss statement and deliver to the Sports & Events Manager within 30 days of conclusion of the event.

*Rapid City Convention & Visitors Bureau
444 Mt. Rushmore Rd. N
Rapid City, SD 57701*