



lifestyle location of choice

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POST EVENT EVALUATION

RECORD NO :
 FILE NO : 7.37.4

The information obtained from this document will allow the Copper Coast Council to determine the value of the event and the Council's contributed support toward the event.

Please complete the evaluation form truthfully and with as much detail as possible.

NOTE: The Post Event Form must be submitted within 30 days after the event. Please attach detailed event financial.

| APPLICANT | | | |
|-------------------------------|--|--------------|--|
| ORGANISATION | | | |
| CONTACT PERSON | | MOBILE PHONE | |
| SUPPORT RECEIVED FROM COUNCIL | | | |

| EVENT DETAILS | | | |
|--------------------------|---|--|--|
| EVENT NAME | | | |
| LOCATION | | | |
| DATE FROM | | DATE TO | |
| TIME FROM | | TIME TO | |
| TYPE | <input type="checkbox"/> MUSIC <input type="checkbox"/> FOOD & WINE <input type="checkbox"/> CULTURAL <input type="checkbox"/> SPORTING <input type="checkbox"/> SPECIAL INTEREST <input type="checkbox"/> Local event – example: fetes, local markets, local sporting event <input type="checkbox"/> Regional event – attract people and interest from outside the region - example: regional level sporting events, Copper Coast 500 Sprints <input type="checkbox"/> Hallmark event – events strongly identified with the region and will attract Intrastate, <input type="checkbox"/> Interstate and International interest example: Kernewek Lowender, Copper Coast Cycling Cup, State & National level sporting events. | | |
| PURPOSE | | | |
| WAS THE EVENT A SUCCESS? | <input type="checkbox"/> YES <input type="checkbox"/> NO | WILL THIS EVENT OCCUR IN THE COPPER COAST AGAIN? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| SUMMARY OF EVENT | | | |

| PARTICIPATION | | | |
|---------------------------|--|-----------------------|--|
| TOTAL PARTICIPANTS | | TOTAL NIGHT STAYS | |
| NON-RESIDENT PARTICIPANTS | | RESIDENT PARTICIPANTS | |
| NOTABLE PARTICIPANTS | | | |

| COMMUNITY ENGAGEMENT/DEVELOPMENT |
|--|
| List Marketing and outreach for event (include copies of each) |
| |

| FUTURE RECOMMENDATIONS |
|------------------------|
| |

| FINAL REMARKS |
|--|
| List any other details of your event or the benefits of the Councils support |
| |

| DECLARATION | | | |
|---|--|------|--|
| I declare that the information I have provided is true and correct. | | | |
| I agree to comply with any reasonable directions issued by an Officer of Council. | | | |
| SIGNATURE | | DATE | |

| OFFICE USE ONLY | | | |
|------------------------|--|-------------|--|
| DATE RECEIVED | | REVIEW DATE | |
| FINAL PAYMENT APPROVED | | | |
| OFFICER | | SIGNATURE | |