SALES EVALUATION

Activity: ____________________________________________________________

Dates: __________________________________________________________________________

Evaluation completed by: ________________________________________________________

Project Chairperson(s): _______________________________________________________________________

How would you rate this Project? Outstanding Good Needs Improvement

How would other students rate this sale? Outstanding Good Needs Improvement

How would the staff rate this sale? Outstanding Good Needs Improvement

List the things about this sale that you would do again. ____________________________________

______________________________________________________________________________________

List the things about this sale that should be changed if done again. ________________

______________________________________________________________________________________

List any special recommendations or ideas for next year’s committee. _________________

______________________________________________________________________________________

List all the people, businesses or groups that should be thanked for their part in this sale.

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________