



# Texas Association of Fairs and Events Event Evaluation Request Form

Name of Fair/Event\_\_\_\_\_

Contact Person\_\_\_\_\_

Date Of Your Event\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Phone\_\_\_\_\_ Fax\_\_\_\_\_

Email Address\_\_\_\_\_

## Event evaluation requirements:

- Evaluation must be requested at least 30 days prior to the event dates.
- Evaluation must be requested through the TAF&E office using this form.
- Event must cover all evaluator travel, lodging and event expenses such as, but not limited to:
  - Mileage (to be reimbursed at current IRS approved rate)
  - Overnight lodging, if required
  - On-site expenses (i.e. admission, food and beverage tickets)
- Event must designate a contact person with whom the evaluator will coordinate all relevant travel and evaluation details.

## Please list the areas of your event to be evaluated: (check ALL that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Tickets and Gates         | <input type="checkbox"/> Parking/Transportation         |
| <input type="checkbox"/> Food Concessions          | <input type="checkbox"/> Sponsor/VIP Services           |
| <input type="checkbox"/> Entertainment             | <input type="checkbox"/> Commercial Vendors             |
| <input type="checkbox"/> Alcohol Sales             | <input type="checkbox"/> Educational/Community Exhibits |
| <input type="checkbox"/> General Safety/Sanitation | <input type="checkbox"/> Livestock Exhibits             |
| <input type="checkbox"/> Information Services      | <input type="checkbox"/> Carnival/Midway                |
| <input type="checkbox"/> Other, please list _____  |   |

***You will be contacted by the TAF&E office within 10 days of receipt of your evaluation request to confirm the evaluation details. Thank you and best of luck with your event!***

**Return to the TAF&E office at: P.O. Box 1025, Fredericksburg, Texas 78624  
Phone: 800/990-1332 Fax: 830/990-1370**