



WELLINGTON FESTIVAL

FEEDBACK FORM - OCTOBER 2019

To enable us to continue to improve Wellington's Festival we would very much appreciate you taking a few minutes of your time to complete the below questionnaire, we thank you in advance.

Date:

Event / s attended:

How did you hear about the festival?
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How would you rate the following?

	Excellent	V. Good	Good	Poor	Very Poor
Event performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Event content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Festival content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What would you like to see at next years' festival, any suggestions?

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Age:

Under 16	<input type="checkbox"/>	35-44	<input type="checkbox"/>
16-19	<input type="checkbox"/>	45-54	<input type="checkbox"/>
20-24	<input type="checkbox"/>	55-64	<input type="checkbox"/>
25-34	<input type="checkbox"/>	65 and above	<input type="checkbox"/>

Gender:

Male Female

*Name :

*Email address:

*Address:

.....

*Postcode:

*Contact Number:

Any further comments:

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