**NOTE TO EVENT ORGANISER: you will need to confirm with those involved in your event e.g. staff, attendees, contactors, partners, community and businesses, how you would like to receive feedback e.g. completed survey to be placed in an onsite event post box or returned to onsite staff, alternatively provide a link to an online survey.**

……………………………………………………………………………………………………………….

Please share your feedback regarding our event. Your views are very important to us and will help us improve our event in the future.

| **Event Name:**  |  |
| --- | --- |
| **Event Date:** |  |

| 1. **Please rate your experience of attending this event**
 |
| --- |
|  | **Poor** | **Fair** | **Good** | **Very Good**  | **Excellent** | **Not Applicable** |
| **Food** |  |  |  |  |  |  |
| **Music** |  |  |  |  |  |  |
| **Entertainment** |  |  |  |  |  |  |
| **Helpfulness of Event Staff** |  |  |  |  |  |  |
| **Location** |  |  |  |  |  |  |
| **Recycling Provision** |  |  |  |  |  |  |
| **Sustainability** |  |  |  |  |  |  |
| **Accessibility** |  |  |  |  |  |  |
| **Parking/****Transport** |  |  |  |  |  |  |
| **Overall Experience** |  |  |  |  |  |  |

| 1. **What was your favourite thing about the event?**
 |
| --- |
|  |

| 1. **What one thing would you improve about this event?**
 |
| --- |
|  |

| 1. **Would you recommend this event to other people?**
 |
| --- |
| * **Yes**
 | * **No**
 |
| **Please tell us more about your response to this question:**  |

| 1. **How likely are you to attend a similar event in the future?**
 |
| --- |
|  | **1** | **2** | **3** | **4** | **5** |  |
| **Very unlikely** |  |  |  |  |  | **Very likely** |

| 1. **Is there anything else you would like to share about the event?**
 |
| --- |
|  |

Thank you for your time in completing this form.