

## **Multicultural Festival Participant Evaluation Form**

**Please take a moment to complete this Evaluation Form for the Multicultural Festival! We are trying to improve each year, your insight will help us to do so! Thanks! 😊**

Name of Organization: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: (    ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please respond to the following questions:**

Was this your first time as a participant in a Town Festival?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Did you feel that that your attendance was appreciated?	<input type="checkbox"/>	<input type="checkbox"/>		
Would you be interested in attending future Festivals?	<input type="checkbox"/>	<input type="checkbox"/>		
How was the publicity of this event?	Poor <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
How did you learn of the event? _____				
How do you feel about the location of the Festival?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How was the organization of the event location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How did you feel about the BBQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Battle/Raffle?

How did you feel about the  
Community Performers?

How did you feel about the  
volunteers and staff on  
friendliness, helpfulness and  
information?

☐☐☐☐

Overall, how do you feel about  
the event?

☐☐☐☐

**We would appreciate any additional suggestions or comments.**

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Please return to:

Ms. Cydny A. Neville, MAEd

17755 Main Street

Dumfries, VA 22026