**Entertainment Feedback Form** Date:

1. How would you rate the entertainment overall?

■ Excellent ■ Good ■ Fair ■ Poor

2. What part of the entertainment did you enjoy the most?

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3. Was the length of the entertainment appropriate?

■ Too long ■ Just right ■ Too short

4. Was the sound and visibility satisfactory?

■ Yes ■ No (please explain):

5. Did the entertainment match the theme and energy of the event?

■ Yes ■ No ■ Somewhat (please explain):

6. Any suggestions for future entertainment?

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Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_