

FEEDBACK FORM

Name of Street

Date

On a scale of 1 (bad) – 10 (good), how did you feel the event went?

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Approximately how many people attended the event?

Adult

Children

Over 60s

How many attending were local residents?

Live on street

Live nearby

Live further away

Did you have any issues on the day (for example with vehicles using the road or any damage)?

Is there any further information missing that could improve the information pack?

Do you have any great quotes from the day? We'll use these to show the positive impact of coming together.

Do you have any other comments?

Given the event has been completed, would you run another event in the future?

Yes

No