

Audience Experience Form

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Show/Event Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Overall Experience:

Please rate your overall experience on a scale of 1 to 5 (1 being poor, 5 being excellent).

[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

2. Performance Quality:

How would you rate the quality of the performance?

[ ] Poor [ ] Fair [ ] Good [ ] Very Good [ ] Excellent

3. Venue Atmosphere:

How would you describe the atmosphere of the venue?

[ ] Intimate [ ] Welcoming [ ] Exciting [ ] Relaxing [ ] Other: \_\_\_\_\_\_\_\_\_\_

4. Facilities:

Were the facilities (restrooms, seating, etc.) clean and comfortable?

[ ] Yes [ ] No [ ] N/A

5. Staff Friendliness:

How would you rate the friendliness and helpfulness of the staff?

[ ] Poor [ ] Fair [ ] Good [ ] Very Good [ ] Excellent

6. Suggestions for Improvement:

Please provide any suggestions or feedback you have for improving our theater experience:

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7. Additional Comments:

Please feel free to share any additional comments or thoughts about your experience:

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for taking the time to fill out this feedback form! Your input is valuable to us and will help us improve our services.