

Tell-a-Story Day 2009
Feedback Form



Organiser's Name.....

Organisation.....

Contact address.....

Email

Event venue

Audience number (approx)

Audience type (e.g. children, older people)

On a scale of 1 to 5 how successful did you feel your event was? Please circle
(5 being the most satisfactory)

1. 2. 3. 4. 5.

What went well about your event?.....

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What would you do differently next time?.....

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Is there anything the Scottish Storytelling Centre could do next time to help improve the event?

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Was there any press coverage of your event? If so, please give details

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Any other comments

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Thank you!