



Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Cell Phone: _____
Email: _____

1 How did you hear about us?
Radio: ___ Newspaper: ___ Internet: ___ Facebook ___ A Friend ___

2 How many previous concerts have you attended?
0: ___ 1-2: ___ 3-4: ___ 5-6: ___ 7 – more: ___

3 Are there any improvements you would like WMSO to see? If so what?
Comments:

4 Are you interested in volunteering with this the WMSO organization?
Yes ___ No ___ A WMSO representative will contact you to present options

5 Would you like to help WMSO and make a donation? (there are several opportunities)
Yes ___ No ___ A WMSO representative will contact you to present options