

# ATTENDEE FEEDBACK FORM



Thank you for joining us

Please take a few minutes to your experience with us

**Name:**

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**Phone:**

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**Email:**

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## How did you hear about this event

- ☐ Friend/Family
- ☐ Social Media
- ☐ Church Announcement
- ☐ Dream2b Website
- ☐ Other

## What did you think of the play?

## What moment or character stood out most and why?

## Would you like to stay connected with Dream2b, CJG Productions or Ceola J.?

- ☐ Yes, add me to the mailing list

☐ No, thank you

**Are you interested in:**

- ☐ Volunteering
- ☐ Donating
- ☐ Attending future events
- ☐ Learning more about our programs

**Additional comments, feedback, or testimonies?**

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**Did you like the original music? If so, did you have a favorite song?**

- ☐ Yes, and my favorite songs were?
- ☐ No

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**Thank you for taking the time to complete our survey.**