

Performance Evaluation Form

Name of Act: _____

Time of Performance: _____

Performance Location: _____

1). Rate the extent to which you enjoyed this performance. Please circle one: Very Good Good
Average Poor

Comments: _____

2). Rate the extent to which you thought this performance was of the quality expected for First Night.
Please circle one: Very Good Good Average Poor

Comments: _____

3). Estimated mix of audience: Adults _____% Children _____%

Comments: _____

4). Sometimes performers like to sell their products during a performance. Please respond to one of these statements by checking the appropriate box.

____ Did not attempt to sell a product.

____ Spent an appropriate amount of time introducing products they wanted to sell.

____ Spent too much time selling their products.

Comments: _____

5). Did the performance begin on time? Circle one: Yes No

Comments: _____

6). Did the sound system work well? Circle One: Yes No

Comments: _____

7). Was the lighting appropriate? Circle one: Yes No

Comments: _____

8). Was the performance suitable for children? Circle One: Yes No

Comments: _____

9). Was there enough seating at this location for the performance? Circle One: Yes No

Comments: _____

10). If you attended the children's fireworks program, did you enjoy them. Circle One:

Yes No

Additional Comments: _____

Optional Information:

Please complete the optional information below:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone Number: ____/____/_____

E-Mail Address:

Would you like to volunteer for our 2008 First Night Program: ___Yes ___ No