

Feedback Form for Parents and Guests

Your name:		Your child's name (if relevant):	
Which Show did you watch:			
We are always keen to hear what people think of our work. Please take a moment to tell us what you thought about this evening's performance sharing in the box below. Thank you!			
Any other feedback			
create aware		t to be used for publicity purpose also very important so that we o	-
Please put a cross for your response			
Yes			
Anonymously (e.g. we will just put Parent of member/Guest)			
No			