

The Chamber Music Society of St. Cloud requests your feedback.

How was the quality of:	(circle a number)				
Your overall concert experience?	(Poor)1	2	3	4	5 (Excellent)
The guest performers	1	2	3	4	5
Your enjoyment of the music performed	1	2	3	4	5
The concert venue	1	2	3	4	5
Your ease in purchasing tickets	1	2	3	4	5

Did this performance meet your expectations? Below Met Above
1 2 3 4 5

Had you heard this music before today? Yes Some No

Did you learn or experience something new about chamber music? Yes No If so, how/what?

Was what you heard what you expected? Yes No Briefly explain:

If this is your first time to one of our concerts: Do you think you will return? Yes No Why?

What did you enjoy most about the performance?

What inspired you to attend this concert? (Please check all that apply)

- The guest artists
- Enjoy classical music
- Other (please describe):
- The program
- A teacher encouraged me
- Time out with a friend
- It sounded fun

How did you hear about this performance? (Please check all that apply)

- CMS season brochure
- Facebook
- Word of mouth/ friend/family
- CMS website
- MN Public Radio-Talk
- Other (please describe):
- CMS e-mail newsletter
- MN Public Radio-Classical
- CMS postcard mailing
- Music Teacher
- AroundtheCloud.org
- St. Joseph or Sartell Newsleaders

(Check one)

What type of ticket did you hold? Season ticket Individual ticket Complimentary ticket

How old are you? 7-18 19-24 25-64 65+

What is your zip code? _____

Join our mailing lists:

Your name: _____

Email address: _____

Postal address(street, city, state, zip) : _____

Use the other side for additional comments or suggestions if you like. **Thank you!**