

1. M \_\_\_\_ F \_\_\_\_

**2. Please indicate your age range**

under 15  15-24  25-34  35-44  45-54  over 55

**3. Where have you travelled from?**

nearby (30 miles)  Edinburgh  Glasgow  Scotland  UK  Europe  Other

**4. Please indicate your accommodation type**

B&B/Guest House  Hotel  Self catering  Camping  Friends and family

**5. If on holiday, did the festival play a part in your decision to holiday in this area?**  Yes  No

**6. Who is in your party/group?**

Friends  Family  Work colleagues  Other

**7. How much do you estimate that your PARTY has spent in total today on**

Event admission fees £ \_\_\_\_ . \_\_\_\_ Shopping and gifts £ \_\_\_\_ . \_\_\_\_

Food and drink £ \_\_\_\_ . \_\_\_\_ Other local activities £ \_\_\_\_ . \_\_\_\_

**8. How did you travel to the festival today? (tick all that apply)**

On foot  Hired car  Train  Ferry  Air  
 Cycled  Chartered coach  Bus  Private car  Other, please specify \_\_\_\_\_

**9. How did you hear about the festival (tick all that apply)**

Newspaper advertising  Newspaper editorial  TV  Word of mouth  
 Magazine advertising  Magazine editorial  Internet search/links  Website  
 Distribution racks  Posters  Festival website  
 Mailing  Radio  Tourist office

**10. Tell us how you rate the festival in respect of the following (please tick)**

|                                | Excellent                | Very Good                | Good                     | Average                  | Poor                     | Very Poor                | N/A                      |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Overall festival experience | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Management                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Programme                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Advance publicity           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Venue                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Time of year                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Activities for kids         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Value for money             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Ticketing                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j) Catering/food               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k) Information at the event    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**11. Any other comments:**

All respondents will be entered into a PRIZE DRAW. Please supply your details to enter.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Tel: \_\_\_\_\_ Email: \_\_\_\_\_

If you would like to receive information about next year's event you can opt in to our Mailing List.

Your information will not be passed on to any other organisation and you will only receive information about this event (tick):

Yes  No Thanks