



EVENT DATE: _____

EVENT VENUE & CITY: _____

EVENT TYPE: _____

Please Circle Your Answers

| | | | | | |
|----------------------------------|------------------|-------------|-------------|-------------|------------|
| Customer Service Overall: | EXCELLENT | GOOD | FAIR | POOR | N/A |
| Via Telephone: | EXCELLENT | GOOD | FAIR | POOR | N/A |
| At Event: | EXCELLENT | GOOD | FAIR | POOR | N/A |
| Planning Assistance: | EXCELLENT | GOOD | FAIR | POOR | N/A |
| Your Emcee Overall: | EXCELLENT | GOOD | FAIR | POOR | N/A |
| Friendliness: | EXCELLENT | GOOD | FAIR | POOR | N/A |
| Promptness: | EXCELLENT | GOOD | FAIR | POOR | N/A |
| Appearance: | EXCELLENT | GOOD | FAIR | POOR | N/A |
| Professionalism: | EXCELLENT | GOOD | FAIR | POOR | N/A |
| Performance: | EXCELLENT | GOOD | FAIR | POOR | N/A |
| Cooperation with other vendors: | EXCELLENT | GOOD | FAIR | POOR | N/A |
| System/Equipment Overall: | EXCELLENT | GOOD | FAIR | POOR | N/A |
| Appearance: | EXCELLENT | GOOD | FAIR | POOR | N/A |
| Sound Quality: | EXCELLENT | GOOD | FAIR | POOR | N/A |
| Lighting/Fog Effects: | EXCELLENT | GOOD | FAIR | POOR | N/A |
| Music Overall: | EXCELLENT | GOOD | FAIR | POOR | N/A |
| Selection: | EXCELLENT | GOOD | FAIR | POOR | N/A |
| Incorporation of Your Requests: | EXCELLENT | GOOD | FAIR | POOR | N/A |



Music Cont.

| | | | | | |
|----------------------------------|------------------|-------------|-------------|-------------|------------|
| Overall Volume Levels: | <u>EXCELLENT</u> | <u>GOOD</u> | <u>FAIR</u> | <u>POOR</u> | <u>N/A</u> |
| Karaoke Overall: | <u>EXCELLENT</u> | <u>GOOD</u> | <u>FAIR</u> | <u>POOR</u> | <u>N/A</u> |
| Incorporation of Requests: | <u>EXCELLENT</u> | <u>GOOD</u> | <u>FAIR</u> | <u>POOR</u> | <u>N/A</u> |
| Mix of Karaoke/Dance Selections: | <u>EXCELLENT</u> | <u>GOOD</u> | <u>FAIR</u> | <u>POOR</u> | <u>N/A</u> |
| Overall Performance: | <u>EXCELLENT</u> | <u>GOOD</u> | <u>FAIR</u> | <u>POOR</u> | <u>N/A</u> |

Is there anything specific we can improve on?

Any additional comments or suggestions?

Would you recommend our service to others?

YES NO

May we share your comments with others?

YES NO

May we add you to our list of references?

YES NO

YOUR NAME:

YOUR EMAIL: (Optional)

YOUR PHONE NUMBER: (Optional)

Thank you for your business and your valuable input!