

FEEDBACK FORM

1. *OVERALL EVENT EXPERIENCE.

*Required Fields

Please rate the following aspects of the event on a scale of 1 to 5, where:
1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent

Aspect	Rating (1-5)	Comment/Suggestions
Overall event experience	___ / 5	
Organisation & Event planning	___ / 5	
Communication prior to the event	___ / 5	
Registration process	___ / 5	
Accessibility (for Deaf participants)	___ / 5	
Signage and directions at the venue	___ / 5	
Event schedule & timing	___ / 5	
Venue facilities (e.g., seating, restrooms)	___ / 5	
Atmosphere & enjoyment	___ / 5	

2. *OVERALL SATISFACTION

How satisfied were you with the overall event?

- ☐ ☐ Very Dissatisfied
- ☐ ☐ Dissatisfied
- ☐ ☐ Neutral
- ☐ ☐ Satisfied
- ☐ ☐ Very Satisfied

What was the highlight of the event for you?

What could have been improved for a better experience?

3. *ADDITIONAL COMMENTS

Do you have any other comments or suggestions?

4. *FUTURE EVENTS

Would you be interested in attending a similar event in the future?

- ☐ ☐ Yes
- ☐ ☐ No
- ☐ ☐ Maybe

Any suggestions for future events?

Deaf Darts Organisation appreciates and values your comments, as they play an important role in helping us improve for the future.

Send this feedback form to info@deafdarts.org

