

VISITOR SURVEY TEMPLATE

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To ensure the community and committee can continually improve and grow the event, we invite you to provide feedback on your experience via our quick survey.

1. Which gender are you? (Circle)

Male Female Nonbinary/Prefer not to say

2. What is your age? (Circle)

Under 17

18-25

26-35

36-45

46-55

Ov	er 66		
3. W	here do you normally liv	ve?	
Towr	ı		
State)		
Post	code		
Cour	ntry (if outside Australia)		
4. Di	d you travel to < <event< th=""><th>name>> specifically to</th><th>attend the event? (Circle)</th></event<>	name>> specifically to	attend the event? (Circle)
	Yes	No	
	, did you extend your st	ay in < <local nar<="" th="" town=""><th>ne>> to attend <<event< th=""></event<></th></local>	ne>> to attend < <event< th=""></event<>
	Yes	No	
	ow many nights in total (Circle) (Resident or day-tripper		cal town name>> on this
3			

56-65

4 or more

6. If visiting, how many nights did you spend in other parts of < <state>> during</state>				
this trip?				
1				
2				
3				
4 or more				
7. How much mon	ey did you spend in total in < <local name="" town="">> during this</local>			
trip, both for yourself and for other people travelling with you?				
Food and drink:				
Accommodation:				
Transport:				
Tickets:				
Attractions:				
Retail purchases:				
8. Who did you attend the event with? (Circle)				
Alone				
Friend/s				
Partner				
Young family (chi	ldren aged 12 and under)			
Older family (children aged 13 and over)				
Social, community or sporting group				

9. What did you enjoy most about this year's event?			
10. What elements of the event do you think can be improved in the future and			
how?			
11. Please take the time to write a short testimonial about < <event name="">> to</event>			
be used in the future for marketing/promotional purposes			
12. Thank you for completing our survey. If you would like to be informed			
about the event in the future, please enter your email address below			