



Guest Name _____
 Guest Email _____
 Guest Telephone _____
 Chapter Name _____
 Date _____

Guest Survey Form

Awareness – How Did You Hear About Our Chapter Or The Barbershop Harmony Society? (Check Appropriate Box Or Boxes)

Current Member Of Another Chapter <input type="checkbox"/>	Saw Ad In Local Paper <input type="checkbox"/>	Heard About It On TV <input type="checkbox"/>
Former Member <input type="checkbox"/>	Saw Ad In USA Today <input type="checkbox"/>	Visited Your Website <input type="checkbox"/>
Someone Invited Me <input type="checkbox"/>	Saw Ad In The Globe & Mail <input type="checkbox"/>	Web/Banner Advertising <input type="checkbox"/>
Saw Performance or Show <input type="checkbox"/>	Heard On The Radio <input type="checkbox"/>	Other <input type="checkbox"/>

Your Opinion Matters

What Did You Like Most About Your Experience At Our Meeting?

What Did You Like Least About Your Experience?

Support Materials You Were Provided

Music Folder Chapter Materials Society Materials Membership Information

Hospitality (Were You)

Greeted By Someone When You Arrived <input type="checkbox"/>	Provided With Orientation Material <input type="checkbox"/>	Invited To Return <input type="checkbox"/>
Accompanied Throughout The Meeting <input type="checkbox"/>	Introduced To The Membership <input type="checkbox"/>	Left Alone <input type="checkbox"/>

Level Of Participation

Chorus Quartet Both Observed Only

Your Previous Experience

None <input type="checkbox"/>	Sang In Another Barbershop Chapter <input type="checkbox"/>	Experienced In Instrumental Music <input type="checkbox"/>
Sang In High School <input type="checkbox"/>	Experienced In Musical Theater <input type="checkbox"/>	Music Educator <input type="checkbox"/>
Sang In College <input type="checkbox"/>	Sang In Church or Community Choir <input type="checkbox"/>	Seeking Experience/Voice Training <input type="checkbox"/>

Your Future With Us

Would You Like To Join? Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>	If Not Likely To Return, Why Not? _____
Would You Like To Receive More Information About Membership? Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>	Have You Visited Other Chapters? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are You Likely To Return To Another Meeting? Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>	Would You Be Interested In Attending A Meeting Of Another Chapter In This Area? Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>

The Venue

(Were You Satisfied With)

Convenience of Location Convenience of Parking Quality Of The Venue Size Of The Venue

Other Friends You May Know Who Enjoy Singing

Do You Know Anyone Else That Enjoys Singing? Yes No Maybe If So, What Are Their Names and The Best Way To Contact Them?

Name	Name
Email Address	Email Address
Telephone	Telephone

Any Additional Comments (Please Write In The Space Below)

Future Contact

Do you wish to be notified of future chapter events, performances, etc.? Yes No Preferred method of contact? Email Phone