



## SIOUXLAND RENAISSANCE ASSOCIATION

1) How did you hear about the Festival?

2) Will you return next year? .....Mg.....Bc  
.....ZB czk \mbclB

3) Was the Festival family oriented? .....Mg.....Bc  
.....ZB czk \mbclB

4) What did you enjoy the most?

5) What would you like to see added to the Festival?

6) Are there favorite entertainers or vendors you would like to see come back next year?

7) Would you like information about future events or volunteering? If so, please fill out form:

Name: .

Address:

City:

State:

ZIP:

Email:

Phone:

Any other comments:

