

CLIENT FOLLOW-UP SURVEY

Name: _____ Phone Number: _____

Date of Event: _____

Location of Event: _____

Type of Event: _____

Overall, were you satisfied with the performance? YES NO

Were you satisfied with the music selection? YES NO

Was the disc jockey(s) behavior/performance appropriate and professional?
 YES NO

Is there anything in particular about the performance that you especially enjoyed or that stands out in your mind?

Is there anything in particular about the performance that you didn't enjoy, or feel was inappropriate?

Do you have any suggestions as to something you would like to see added or removed from the performance?

May we use your name as a reference? YES NO

We are collecting client statements to use on a 'testimonial' page on our website. Please use the space below to provide a statement of your opinion of our performance that we may place on our testimonial page.
