



Young Women in Harmony Program Festival Participant Feedback Form

INFORMATION ABOUT YOU:

Name: _____ Age (optional): _____

Address: _____

City/State/Zip/Country: _____

Telephone: _____ E-mail: _____

I am a:

Singer (Non-member) from _____

Singer (Member) from _____

Director/Coach of _____

Clinician _____

YW Coordinator _____

Other: _____

Voice Part (Check One)

Tenor

Lead

Baritone

Bass

INFORMATION ABOUT THE EVENT:

Date(s): _____ Location: _____

Sponsored by: _____ Clinician(s) _____

Cost for you to attend: _____ Materials received: _____

Number of attendees (*if known*) _____ How many were young women? _____

What activities did you enjoy the most?

What would you like to see added or improved?

Would you attend a YWIH event again?

If you're not already a member, are you interested in becoming a member of Sweet Adelines International? Why or why not?

Thank you for taking the time to give us feedback so that we may continue to develop our program for young singers.

SWEET ADELINES INTERNATIONAL • 9110 S. Toledo Ave., Tulsa, OK, USA 741373 • Fax 918-388-8083