

Music Sunday Feedback Form



Once completed, please return this form by post or email to:

Development, RSCM, 19 The Close, Salisbury SP1 2EB

development@rscm.com

Event Organiser's Name: _____

Venue (include postcode): _____

Date of your Music Sunday: _____

What did you do?

How did you publicise your event?

Did you involve people outside the church/choir?

How many (approx.) people attended/participated? _____

Did you include the commissioned piece? _____

How much did you raise in total? _____

How did you raise money?

Are you going to use your 50% of funds raised for a specific purpose?

Would you like to do it again?

What would you do differently?

What else would you like us to provide?

Are there other churches/groups in your area that could be recruited to take part?

Would you willing to let us contact you about promoting other aspects of our work? Yes/No