Film Screening Feedback Form

| Name | | |
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| Email | | |
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| Film Title | | |
| | | |
| Your Rating | | |
| O 1 | | |
| C 2 | | |
| O 3 | | |
| C 4 | | |
| C 5 | | |
| Favorite Aspect | | |
| | | ▼ |
| Suggestions or Comments | | |
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