

Startup Pitch Event Audience Feedback Form

Startup Name

Presenter Name

Your Email (optional)

Overall Pitch Quality ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Innovation ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Market Potential ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

What did you like the most?

Suggestions for Improvement

Additional Comments