

Classic Film Screening Feedback Questionnaire

Name:

Email (optional):

Film Title:

How would you rate the film?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

What did you enjoy about the screening?

What could be improved?

Would you attend future film screenings?

☐ Yes ☐ No ☐ Maybe

How did you hear about this event?

Additional Comments: