

Food Festival Visitor Feedback Form

Name

Email

Age

Which days did you attend?

Friday
Saturday
Sunday

☐
☐
☐

How satisfied were you with the food variety?

☐

1

☐

2

☐

3

☐

4

☐

5

How would you rate the event overall?

☐

1

☐

2

☐

3

☐

4

☐

5

What was your favorite dish or stall?

Additional comments or suggestions