

INFORMATIONAL SURVEY

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____

PHONE: _____

Is this your first time at the African Festival of the Arts? YES NO

What did you like about the festival? _____

What didn't you like about the festival? _____

Do you plan to attend the 2010 African Festival of the Arts? YES NO

Would you like to be kept abreast of other events sponsored throughout the year by the Africa International House? YES NO

Additional Comments: _____
