

COMMENT CARD

Please take a moment to complete both portions of this comment card, so that JCT can continue to grow and improve.

Your Name (Optional): _____

How did you participate in this production? Please check all that apply.

Cast Member Crew Member Parent Other Volunteer

Is this your first participation in a live theatre production? Yes No

Is this your first participation with JCT? Yes No

Would you participate in future JCT productions? Yes No

HOW WOULD YOU RATE?

The audition process: Poor Fair Good Excellent

The rehearsal process and schedule: Poor Fair Good Excellent

Communication and organization: Poor Fair Good Excellent

Advertising and promotion: Poor Fair Good Excellent

Your overall experience in this production: Poor Fair Good Excellent

Your overall experience with JCT: Poor Fair Good Excellent

What was the highlight of your participation in this production? _____

Are there any areas that did not run as smoothly this time, as in your previous experience with JCT? Yes No N/A

Are there any areas that ran smoother this time, than in your previous experience with JCT? Yes No N/A

Would you be interested in participating in a post-production wrap-up meeting? Yes No

Are there any areas that we could improve upon? Yes No

Suggestions: _____

Did you experience any negative issues during this production? Yes No

If yes, were these issues addressed and/or resolved? Yes No N/A

If they were not addressed, would you like them to be? Yes No N/A

Additional Comments: _____



Please provide your email or phone number if you would like to be contacted regarding your comments.

Email and/or Phone #: _____