



helfa gelf
art trail

North Wales Open Studios Network
Visitor Feedback Form 2017

www.helfagelf.co.uk

Artist / Studio Name:

Date:

If you would like us to add your details to the Helfa Gelf and this studio's mailing list please list your address below. If you have filled in this section in another studio, you need only give your name.		Do you think Helfa Gelf is a good idea?	Do you think it should happen every year?	Would you recommend it to others?	Where did you hear about Helfa Gelf?	Age:	Any other comments?
NAME:		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> brochure <input type="checkbox"/> flyer <input type="checkbox"/> mail-out <input type="checkbox"/> website <input type="checkbox"/> e-mail	<input type="checkbox"/> a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/> e)	
Address:		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> twitter <input type="checkbox"/> facebook <input type="checkbox"/> press <input type="checkbox"/> word of mouth <input type="checkbox"/> other	<input type="checkbox"/> a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/> e)	
Postcode:							
Email:							
NAME:		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> brochure <input type="checkbox"/> flyer <input type="checkbox"/> mail-out <input type="checkbox"/> website <input type="checkbox"/> e-mail	<input type="checkbox"/> a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/> e)	
Address:		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> twitter <input type="checkbox"/> facebook <input type="checkbox"/> press <input type="checkbox"/> word of mouth <input type="checkbox"/> other	<input type="checkbox"/> a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/> e)	
Postcode:							
Email:							



The information recorded on this form will be held by Helfa Gelf Cynngedig.