How did we do?

Combe Mill

Date:

Is this your first visit to Combe Mill? YES/NO

If not, how long since you were last here? [ ]

Do you have an annual pass? (tick for yes) [ ]

What is your age group? (please tick)

Under 16 [ ] 17 – 30 [ ] 31 – 50 [ ] 50 – 65 [ ] 65+ [ ]

How far have you come? (please tick)

Local resident [ ] Day trip [ ] Staying locally [ ]

What have you enjoyed most? ……..

What have you learnt? ……..……

Is there anything we might do differently? ……

How did you find out about this event? ……..

Will you recommend a visit to us to a friend? ……

Where did you hear about us?

Website [ ] Recommendation [ ] Mill Leaflet [ ] Old Glory [ ]

Museums & Galleries of Oxfordshire [ ] Vintage Spirit [ ]

Local Newspaper [ ] Facebook [ ] Other(say where) [ ]

……

Would you rate your visit overall value for money?

Very Good

Good

OK

Bad

Please put your completed form in the box at the ticket office.

FORM13

Thank you for taking the time to complete our survey