



## **THE NATIONAL GREAT BLACKS IN WAX MUSEUM Visitation Survey**

**Name** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_ **Email** \_\_\_\_\_

**School / Business** \_\_\_\_\_

**Address** \_\_\_\_\_ **County/State/Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **TITLE 1 STATUS** yes \_\_\_ no \_\_\_

**Group Description: Number of Visitors** \_\_\_\_\_ **Disabled** \_\_\_\_\_ **Teachers** \_\_\_\_\_

**No. of Chaperones** \_\_\_\_\_ **Students** \_\_\_\_\_ **Age Range** \_\_\_\_\_

**How did you find out about us?** \_\_\_\_\_

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**PLEASE CIRCLE YES or NO**

1. Was this your first visit? YES NO
2. Did you find your tour to be curriculum / program relevant? YES NO
3. Did your tour include the Slave ship Exhibit? YES NO  
Please comment: \_\_\_\_\_  
\_\_\_\_\_
4. Did your tour include the Lynching Exhibit? YES NO  
Please comment: \_\_\_\_\_  
\_\_\_\_\_
5. Did any exhibit stand out more to you than the others? YES NO  
Please specify & comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. What did you anticipate about your visit? \_\_\_\_\_  
\_\_\_\_\_
7. Were your expectations met? YES NO  
Were your expectations exceeded? YES NO  
Please comment: \_\_\_\_\_  
\_\_\_\_\_
8. Would you visit us again? YES NO
9. Would you recommend our tours to others? YES NO  
Please comment: \_\_\_\_\_  
\_\_\_\_\_

**THANK YOU FOR YOUR FEEDBACK**