



***Magically Yours DJs
Critique Sheet
Tell Us How We Did!***

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Dear _____,

On behalf of **Magically Yours DJs**, I would like to say thank you and to express what a pleasure it was to be an integral part of your event and provide your musical entertainment. We are constantly striving to improve our customer performance and we have found the best way to do that is to ask *you* how we did. We would appreciate it if you would take a few moments to share what you thought of our service. Simply check the item that best describes how you felt we performed. You can write in any additional comments, compliments, or questions that you would like to share in the space provided at the bottom of the page or write them on the back. Please send this form back to us by printing it out, completing it and mailing it to the address shown above or simply scan it as a PDF and email back. Thank you again and please let us know if we can be of any assistance in the future

- | | | | |
|--|------------------------------|-----------------------------------|-----------------------------|
| 1. Did you enjoy the music? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 2. Was your musical professional friendly and courteous ? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 3. Was his microphone presence what you expected? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 4. Was the music played appropriate for your event? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 5. Was your music professional set up and ready to go, on time ? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 6. Was your music professional dressed appropriately ? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 7. Did your music professional take requests ? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 8. Did your music professional have a vast library of music to select from? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 9. What did your family and friends think of your music professional? | | | |

- | | | | |
|--|--------------------------------------|------------------------------|--|
| 10. Did Magically Yours DJs meet, exceed or go beyond your expectations ? | <input type="checkbox"/> Went Beyond | <input type="checkbox"/> Met | <input type="checkbox"/> Exceed |
| 11. Would you recommend us to your family, friends, or business associates? | <input type="checkbox"/> Highly | <input type="checkbox"/> Yes | <input type="checkbox"/> Maybe <input type="checkbox"/> No |
| 12. May we use your checked/add'l comments on our Website (Event Month/Year only)? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. May we use your name along with your comments as a reference for future clients? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Name: _____ Event Date: _____ Phone (opt) _____

Address (opt.): _____ City _____ State: ____ Zip _____

Additional Comments _____

