

Magically Yours DJs Critique form – Tell us how we did!



**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? Yes Somewhat No
- 2. Was your musical professional **friendly and courteous**? Yes Somewhat No
- 3. Was his **microphone presence** what you expected? Yes Somewhat No
- 4. Was the music played **appropriate** for your event? Yes Somewhat No
- 5. Was your music professional **set up and ready to go, on time**? Yes No
- 6. Was your music professional **dressed appropriately**? Yes No
- 7. Did your music professional **take requests**? Yes No
- 8. Did your music professional have a **vast library of music** to select from? Yes 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**? Went Beyond Met Exceed
- 11. **Would you recommend us** to your family, friends, or business associates? Highly Yes Maybe No
- 12. May we use your **checked/add'l** comments on our Website (Event Month/Year only)? Yes No
- 13. **May we use your name** along with your comments **as a reference** for future clients? Yes No

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

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

Additional Comments _____

