|  |  |  |
| --- | --- | --- |
| ♬ | Newtownpark Gospel Choir | How can we improve? |

Please complete the below survey by indicating your preferences and give completed survey to Pam Conway either by (i) print or (ii) save document and attach to email (ie delete “Yes/No” as appropriate).

## Gospel Choir

|  |  |
| --- | --- |
| How often should we sing at Mass, in a month?  Every week **Yes / No**  Every second week **Yes / No**  Once each month **Yes / No** | How often should Practices be held?  Every week **Yes / No**  Every second week **Yes / No**  Once a month **Yes / No**  Twice weekly **Yes / No** |
| How would you rate the Gospel Choir?  Consistent high quality **Yes / No**  Generally good **Yes / No**  Quality varies **Yes / No**  Poor quality **Yes / No** | How would you rate the choice of hymns/songs?  High quality songs **Yes / No**  Generally good songs **Yes / No**  Quality of songs varies **Yes / No**  Poor choice of songs **Yes / No** |

## Choir Practice

|  |  |
| --- | --- |
| What is preferred night for Practices?  Monday **Yes / No**  Tuesday **Yes / No**  Wednesday **Yes / No**  Thursday **Yes / No**  Friday **Yes / No** | How long should a practices be?  1 hour **Yes / No**  1½ hours **Yes / No**  2 hours **Yes / No**  Longer **Yes / No** |
| What is preferred start time for Practices?  6:30 **Yes / No**  7:00 **Yes / No**  7:30 **Yes / No**  8:00 **Yes / No** | How do you rate the Practices?  Very good **Yes / No**  Generally good **Yes / No**  Less than good **Yes / No**  Poor **Yes / No** |

## Please add a general comment on your involvement in the Gospel Choir:

|  |
| --- |
|  |

## Suggestions / How can we improve?

|  |
| --- |
|  |

## You (optional)

|  |  |
| --- | --- |
| Name |  |

Do you think this survey may be beneficial? □ Yes □ No

Thank you. Email to <mailto:pamconway2000@yahoo.com>