



# MUSEUM *of* RICHMOND

## Please help us improve! We would really appreciate your feedback.

Please could you take the time to answer the questions on the back of this form.

Name:

Email:

Please let us have your name and email address if you are happy for us to email you about the Museum in future, including details of events and exhibitions.

### 1. What did you like about your visit to the museum?

### 2. How could we improve?

### 3. Where do you live? *please tick*

London Borough of Richmond

Other London Borough

In the UK outside London

Outside UK

### 4. Gender *please circle*

Male      Female      Other

### 5. Age *please circle:*

0-5                  6-15                  16-24                  25-44

45-64                  65-79                  80 and over

### 6. Do you consider yourself to have a disability? *please circle*

Yes      No