

Lindsborg Visitors Survey



Is this your first visit to Lindsborg? Yes No

Where are you from?

Country _____ State _____

Age Range _____

18-26 / 27-36 / 37-46 / 47-56 / 57-65 / 66+

Number of people in your party _____

What attraction(s) did you visit and or activities did you participate in during your visit?

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

Additional Comments: _____

How did you find out about Lindsborg?

- | | |
|-------------------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Billboard | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Email | <input type="checkbox"/> T.V. |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Print Ad (newspaper, magazine, brochure) | |

Length of visit?

Day trip Extended stay (How many nights?)

Did you stay in Lindsborg? Yes No Where?

B&B Motel RV/Camp Other

Do you receive the *CVB Posten*, a monthly e-mail publication of Lindsborg events? Yes No

E-mail address required to receive event information (please print) _____

Rate your overall Lindsborg experience.

Great Average Poor