

Circle of Miracles Event Interest Survey - 2017

Created by COM Fund Raising Committee

Instructions: Check all options that apply for each question, unless otherwise specified. Once completed, drop off or mail to COM at the following address. To submit digitally, email to kellcosgrove@gmail.com with the subject "COM Survey." Thank you!

COM Event Survey
c/o Circle of Miracles Ministries
10 Beulah Rd
New Britain, PA 18901

1. What types of events would you be interested in attending in the future?

- | | | |
|---|--|--|
| <input type="checkbox"/> Sunday Celebration (Sunday morning) | <input type="checkbox"/> Channeling or Group Reading | <input type="checkbox"/> Retreat, day, weekend |
| <input type="checkbox"/> Sunday Celebration (Sunday evening) | <input type="checkbox"/> Musical Performance | <input type="checkbox"/> Retreat, day, weekday |
| <input type="checkbox"/> Sunday Celebration for families & kids | <input type="checkbox"/> Open Mic Night | <input type="checkbox"/> Retreat, overnight, weekend |
| <input type="checkbox"/> Gourmet Dinner | <input type="checkbox"/> Coffee Hour | <input type="checkbox"/> Retreat, overnight, weekday |
| <input type="checkbox"/> Potluck Dinner | <input type="checkbox"/> Movie Night | <input type="checkbox"/> Other (give us ideas!) |
| <input type="checkbox"/> Potluck Lunch | <input type="checkbox"/> Silent Auction | |
| <input type="checkbox"/> Healer Reader Fair | <input type="checkbox"/> Dance | |
| <input type="checkbox"/> Seasonal Celebrations | <input type="checkbox"/> Workshop | |
| <input type="checkbox"/> Yoga, Tai Chi, & Similar | <input type="checkbox"/> Speaker | |
| <input type="checkbox"/> Group Sound Healing | <input type="checkbox"/> Spiritual Discussion or Study Group | |

2. When would you be interested in attending events?

a. Days and times

Days/Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7 – 11 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 am – 4 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 – 7 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 – 11 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. What times of year would you like to attend events?

- | | | | |
|-----------------------------------|---------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> Winter | <input type="checkbox"/> Spring | <input type="checkbox"/> Summer | <input type="checkbox"/> Fall |
| <input type="checkbox"/> December | <input type="checkbox"/> March | <input type="checkbox"/> June | <input type="checkbox"/> September |
| <input type="checkbox"/> January | <input type="checkbox"/> April | <input type="checkbox"/> July | <input type="checkbox"/> October |
| <input type="checkbox"/> February | <input type="checkbox"/> May | <input type="checkbox"/> August | <input type="checkbox"/> November |

c. How often would you like to attend minor events? (small events, low cost)

- | | | | |
|--|---|---|--------------------------------------|
| <input type="checkbox"/> More than once a week | <input type="checkbox"/> Every other week | <input type="checkbox"/> Every other month | <input type="checkbox"/> Once a year |
| <input type="checkbox"/> Every week | <input type="checkbox"/> Once a month | <input type="checkbox"/> A few times a year | <input type="checkbox"/> Never |

d. How often would you attend major events? (e.g. healer reader fair, or cost over \$35)

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Four times a year or more | <input type="checkbox"/> Twice a year | <input type="checkbox"/> Once every two years |
| <input type="checkbox"/> Three times a year | <input type="checkbox"/> Once a year | <input type="checkbox"/> Never |

3. How much would you be willing to pay to attend events?

a. Minor events (events that repeat weekly or monthly, smaller events, lower cost events)

- | | | |
|-----------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> \$10 - 25 | <input type="checkbox"/> \$40 - 60 |
| <input type="checkbox"/> \$1 - 10 | <input type="checkbox"/> \$25 - 40 | <input type="checkbox"/> Over \$60 |

b. Major events (a few times a year, large events or major fund raisers)

- | | | | |
|-----------------------------------|------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> \$20 - 40 | <input type="checkbox"/> \$60 - 80 | <input type="checkbox"/> \$100 - 150 |
| <input type="checkbox"/> \$1 - 20 | <input type="checkbox"/> \$40 - 60 | <input type="checkbox"/> \$80 - 100 | <input type="checkbox"/> Over \$150 |

4. Where would you like to attend events?

a. Where do you live? (To keep survey anonymous, do not include street address)

City/Town State Zip

b. In which areas would you attend events?

- | | | |
|--|--|---|
| <input type="checkbox"/> COM Home on Beulah Rd | <input type="checkbox"/> Upper Bucks County | <input type="checkbox"/> Philadelphia |
| <input type="checkbox"/> Central Bucks County | <input type="checkbox"/> Eastern Montgomery County | <input type="checkbox"/> New Jersey |
| <input type="checkbox"/> Lower Bucks County | <input type="checkbox"/> Western Montgomery County | <input type="checkbox"/> Other <input type="text"/> |

5. Circle of Miracles Healer Reader Fair

a. Did you attend the healer reader fair in 2016? Yes No

b. If you did not attend the Healer Reader Fair, why not?

- | | |
|---|---|
| <input type="checkbox"/> The online booking was too confusing | <input type="checkbox"/> Date did not work for me |
| <input type="checkbox"/> None of the healers/readers appealed to me | <input type="checkbox"/> Inconvenient time of year |
| <input type="checkbox"/> The healers/readers I wanted were sold out | <input type="checkbox"/> Inconvenient time of day |
| <input type="checkbox"/> Inconvenient location, too far away | <input type="checkbox"/> Inconvenient day of week |
| <input type="checkbox"/> Too expensive | <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> Did not interest me | |

c. If you attended the Healer Reader Fair, how many sessions did you attend of each type?

- Total sessions:
- Healers:
- Readers:
- Groups:

d. Check here if you volunteered at the 2016 Healer Reader Fair.

- Yes, I volunteered as a...
- | | | | |
|---------------------------------|--|--|--|
| <input type="checkbox"/> Healer | <input type="checkbox"/> Group Presenter | <input type="checkbox"/> Setup & Takedown | <input type="checkbox"/> General / Other |
| <input type="checkbox"/> Reader | <input type="checkbox"/> Vendor | <input type="checkbox"/> Planning or related | |

6. What events have you attended at Circle in the past year? (for more details, refer to COM calendar)

- | | | |
|---|---|--|
| <input type="checkbox"/> Sunday Celebration | <input type="checkbox"/> Charmed Circle w/Tom Osher | <input type="checkbox"/> Retreat, overnight, weekend |
| <input type="checkbox"/> Reiki Share - Tues. Night | <input type="checkbox"/> 3rd Mondays w/Christi Maybo | <input type="checkbox"/> Retreat, overnight, weekday |
| <input type="checkbox"/> Reiki Share - Wed. Morning | <input type="checkbox"/> Medicinal Aromatherapy | <input type="checkbox"/> Speakers (specify) |
| <input type="checkbox"/> Kirtan | <input type="checkbox"/> Reiki Classes - I, II, or Master | <input type="text"/> |
| <input type="checkbox"/> Mystical Women's Circle | <input type="checkbox"/> Reiki Classes - Magic Hands | <input type="checkbox"/> Workshops (specify) |
| <input type="checkbox"/> ACIM Study Group | <input type="checkbox"/> Echoes of Love w/Susan DeLorenzo | <input type="text"/> |
| <input type="checkbox"/> Group Channeling | <input type="checkbox"/> COM Holiday Party | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Group Reading | <input type="checkbox"/> COM Quarterly Meeting | <input type="text"/> |
| <input type="checkbox"/> Group Medium Reading | <input type="checkbox"/> Bistro - Dinner & Movie | |
| <input type="checkbox"/> Group Sound Healing | <input type="checkbox"/> Retreat, day, weekend | <input type="text"/> |
| <input type="checkbox"/> Gentle Yoga | <input type="checkbox"/> Retreat, day, weekday | |

7. Additional Comments

Please include any additional comments here. Your feedback will help us to improve future events.

Thank you for filling out this survey! You are helping us create better future events. The results of this survey will be shared with all relevant committees and groups at Circle of Miracles. If you have any questions about this survey, please email Rev. Kelley Cosgrove at kellcosgrove@gmail.com.