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|  | **CIOFF® International Council of Organizations of Folklore Festivals and Folk Art** |
| **ONG in formal consultative relations with UNESCO** |

## REPORT ON THE FESTIVAL

**2016**

### **Completed by the festival**

|  |  |
| --- | --- |
| Name of the Festival | XXVII. Mezinárodní folklorní festival Brno´16 |
| City | Brno |
| Country | Cezech Republic |
| Date of the festival | 25.8. – 29.8.2016 |
| Activities | ~~Expositions, Symposia,~~ handy craft, ceremonies, t~~raditional cooking, school performance, workshops~~, others: costume parade  |
| Participating countries |       |

### **Completed by the Group**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| 1. Did you receive the invitation through your National section? Network? or Other Invitation, please mention here from whom: | [ ] [ ] [ ]  | [ ] [ ] [ ]  |
| 2. Were there more than five (5) foreign groups | [ ]  | [ ]  |
| 3. Did the festival use CIOFF**®** flag | [ ]  | [ ]  |
| 4. Was the transport within the host country paid by the Festival | [ ]  | [ ]  |
| 5. Did the festival reimbursed for incidental expenses | [ ]  | [ ]  |
| 6. Did you get enough food | [ ]  | [ ]  |
| 7. Did you have refreshments during the performances | [ ]  | [ ]  |
| 8. Was your guide adequate | [ ]  | [ ]  |
| 9. Could you watch other group’s performances | [ ]  | [ ]  |
| Please tick the appropriate cell |
| 10. Performances held in | **T**heatre | [ ]  | **C**ultural/Sport’s hall | [ ]  | **Tent** | [ ]  | **O**pen air | [ ]  |
| 11. Lodging of the  groups were | **H**otel | [ ]  | **S**chool | [ ]  | **F**amily | [ ]  | **Y**outh hostel | [ ]  |
| **Please make your evaluation out of five:** |
| **5 excellent** | **4 very good** | **3 good** | **2 weak** | **1 bad** | **1** | **2** | **3** | **4** | **5** |
| 12. What was the technical level (dressing room, light, stage and floor, sound) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 13. What was the level of organization | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 14. What was the artistic level of the Festival | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |
| Special comments and / or experiences during the festival  |
|       |
| Name of the group |       |
| Address: |       |
| Date |       |
| Signature of the group leader |       |

**All the completed questionnaires must be sent to the address, or email address below not later than one (1) month after the festival.**

reports@cioff.org

 Copy to the National Section

CIOFF**®** Luxembourg **PLEASE, WRITE AS CLEARLY AS POSSIBLE**

28a, Beschmontsbongert

L-7526 Mersch /Luxembourg Thank you for your cooperation