

**COMMERCIAL ARTS ORGANISATIONS or COMPANIES or BUSINESSES
QUESTIONNAIRE**

PLEASE FAX COMPLETED FORM TO: 9319 1070 as soon as possible

Name of your organisation or company or business: _____

Contact person: _____

Street Address: _____

Phone: _____ Fax: _____ Email: _____

Describe your specific arts activities/products: _____

What year were you established? _____

Is your organisation or company or business:

Mainly retail (e.g. Art supplies, commercial gallery)?

Mainly service provision (e.g. Dance School, drama classes)?

A mixture of retail and service provision?

How many staff do you have? _____ F/T _____ P/T _____ Casual _____ Volunteers _____

Do you employ artists/arts workers/teachers? Yes / No How many? _____

Is the venue used by your organisation, company or business a:

Private facility? Public facility?

What is the name of the venue and where is it located? _____

Is the venue used by you available for use by other arts services? Yes / No

Does your venue have access for people with disabilities? Yes / No

Approximately how many people attended or participated in the art services run by you in 2005?

How many performances, exhibition days, events, etc were held in 2005?

Where were the performances, exhibition days, events, etc mainly held?

Do you charge a fee for participation in your arts services? Yes / No Average fee \$ _____

Please list three major improvements that would assist arts development in the City of Ryde?

1. _____

2. _____

3. _____

Thank you for completing this questionnaire.

If you would like to include any other information please attach an extra page and return with this questionnaire.

PLEASE FAX THIS COMPLETED FORM TO PATRICIA PARKER ON 9319 1070

• For further information please ring 9319 1008