

WE VALUE YOUR FEEDBACK



Customer Satisfaction Survey

Tell us how we did to be entered in a draw for prizes!

Date of Activity: _____

Type of Activity:

- Nordic Walking Mountain Biking Pond Hockey
 Rock Climbing Snowshoeing Hiking
 Canoeing Kayaking Pedal Boating
 Birthday Party School Program Group Event
 Other: _____

Name of Instructor or Guide: _____

Who did you come with?

- Just myself A friend, spouse or partner
 My family A group of friends
 My school My company or organization
 Other: _____

How did we do?	Excellent	Good	Acceptable	Poor	Very Poor
Instructions and Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our Skill Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpfulness and Friendliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities and Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This section is optional, but is required to enter our prize draw.

Name: _____

Address: _____

Phone #: _____

E-Mail: _____

***We appreciate your feedback
and hope to see you again soon!***

PLEASE COMPLETE AND FAX BACK TO 506-657-2102

