

FEEDBACK FORM

You can either return this form by post, to reception, place in key deposit box or leave in your room.

Cabin/Site Number: _____ Date stayed: _____

Name: (Optional) _____

Town: _____ Gender Male Female

Occupation: _____

Email: _____

Mobile: _____

Would you like to receive information about promotions/specials from this park?

NO YES

THANK YOU FOR YOUR ASSISTANCE.
YOUR FEEDBACK IS VALUED

Pt Vincent
**CARAVAN PARK &
SEASIDE CABINS**

FEEDBACK FORM

We hope you enjoyed your stay at Port Vincent Caravan Park. We value your confidential feedback. Please complete this quick comment card to help us improve our park.

1. Is this your first visit to this park? *Please circle* YES NO
2. How did you find out about us? *Please tick all that apply*
 Sunday Mail TV Radio
 Internet Word of Mouth Yellow Pages
 Return Guest Other _____

On a scale of 1-5 (1=Poor 5=Very Good) **Please circle most appropriate*

3. How do you rate our cleanliness and presentation of the park?
1 2 3 4 5
4. How do you rate our customer service ?
1 2 3 4 5
5. Value for Money
1 2 3 4 5
6. How would you rate your overall experience?
1 2 3 4 5
7. What do you like about the park?

8. What do you dislike about the park?

9. What changes would you like to see at the park?

