

Guest Group Evaluation

Date _____
 Group Name _____
 Facilities Used _____

Please use the following scale to rate our facility and performance. Circle the appropriate number for each area that applies to your visit. If the item does not apply, circle n/a. We also encourage you to share evaluations and concerns personally with our staff.

Rate each area on a scale of **5 (Excellent)** to **1 (Unsatisfactory)**.

	<u>Excellent</u>			<u>Unsatisfactory</u>			<u>Comments</u>
1. ACCOMODATIONS:							
- Room comfort	n/a	5	4	3	2	1	
- Room cleanliness	n/a	5	4	3	2	1	
2. FACILITIES:							
- The Grounds	n/a	5	4	3	2	1	
- Campground	n/a	5	4	3	2	1	
- Bathhouse	n/a	5	4	3	2	1	
- Meeting room/s	n/a	5	4	3	2	1	
- Rental Kitchen	n/a	5	4	3	2	1	
- Recreation equipment/facilities	n/a	5	4	3	2	1	
- Recreation options	n/a	5	4	3	2	1	
- Oak Leaf Gift Shop	n/a	5	4	3	2	1	
- Wagon Wheel Snack Shop	n/a	5	4	3	2	1	
3. MEALS:							
- Quality	n/a	5	4	3	2	1	
- Menu	n/a	5	4	3	2	1	
4. STAFF:							
- Friendliness	n/a	5	4	3	2	1	
- Helpfulness	n/a	5	4	3	2	1	
5. SPECIAL STAFF SERVICES (wagon rides, speakers, campfires, music, adventure activities, etc.)							
Write the specific service(s) here: _____							
- Activity/service met group expectations	n/a	5	4	3	2	1	
- Rate the staff leader	n/a	5	4	3	2	1	
6. REGISTRATION PROCESS							
- Prior to arrival	n/a	5	4	3	2	1	
- On site registration	n/a	5	4	3	2	1	

7. What can we do to enhance your experience here? (Is this your first time here? ___yes ___no)

8. Our staff members pray for you and your group prior to your coming. We would appreciate hearing a few highlights of God's work among your group during your retreat. (Please use the reverse side.)

YOUR NAME (optional) _____

We appreciate your taking the time to complete this evaluation. Your comments guide us in improving our services.