



# Birthday Party Feedback Form

Thank you for participating in a Calgary SpacePort Birthday Party. We would appreciate your feedback.

- 1. What was the date and time of the birthday party? Date: \_\_\_\_\_ Time: \_\_\_\_\_
- 2. What is the name and age of the birthday child? \_\_\_\_\_
- 3. Rate your satisfaction with the following aspects of the birthday party.

	Excellent	Good	Average	Needs Improvement
a) Party was suitable for the age of your group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Gift bags were appropriate for the age of the party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Party was fun and engaging for your group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) SpacePort staff were knowledgeable and informative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Dairy Queen staff were helpful and friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Food was served promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Party met your expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Overall cost value of the party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on any areas where you feel the party or specific activities could be improved upon.

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- 4. Rate your satisfaction with the following "pre-visit" aspects of the birthday party.
- |   | Excellent                | Good                     | Average                  | Needs Improvement        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Booking process was easy and efficient                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Confirmation call was made promptly                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Received invitations in a timely manner (if requested) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please comment on any areas where you feel the party or specific activities could be improved upon.

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- 5. Where did you get the information that most influenced your decision to book a SpacePort birthday party?  
 Brochure  Web Site  Phone  Other (please specify) \_\_\_\_\_

- 6. Will you likely book another birthday party at SpacePort?  Yes  No

- 7. Additional comments (Dairy Queen and/or SpacePort).

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- 8. Contact Information (optional)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_