

# Client Feedback Form



Organisation \_\_\_\_\_  
Event Date \_\_\_\_\_  
Your Name \_\_\_\_\_

We value your feedback, please feel free to express your thoughts on the following:

**Booking Process:**     Fantastic     Good     Average     Poor

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Service:**     Fantastic     Good     Average     Poor

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Catering:**     Fantastic     Good     Average     Poor

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Activities:**     Fantastic     Good     Average     Poor

Comments: \_\_\_\_\_  
\_\_\_\_\_

**What were the highlights of your stay with the Coffs Coast Beach School and why?**

**What was your favourite activities and why?**

**How would you describe the service you received from staff at The Coffs Coast Beach School?**

**What could we do to improve things here at The Coffs Coast Beach School?**

Thank you for taking the time to provide us with your thoughts, it is greatly appreciated,

Kind regards,

Emma Ebeling  
Manager

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I am interested in rebooking with The Coffs Coast Beach School for our next event and would like to receive a Booking Form.Y / N  
The best time to contact me would be \_\_\_\_\_

I, \_\_\_\_\_ hereby give consent for my comments to be used in promotional materials for The CCBS.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_