



FOR OUR VISUALLY IMPAIRED PARTICIPANTS

VIP Feedback Form

Name: _____ Date: _____ Guide: _____

Please answer the following questions by rating your answer 1-5; 1 is poor and 5 is very good.

There is a space provided after each answer for additional comments.

How would you rate your day? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Comments:
How would you rate your guide? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Comments:
Did you ski/snowboard to your expectation? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Comments:
Was your experience well organized? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Comments:
What was the best part of your day?	What was the worst part of your day?

What suggestions do you have for Foresight Ski Guides?

Do you have any interest in following Foresight Ski Guides on Facebook? Twitter? LinkedIn? You Tube? If yes, please enter your email address:

Additional comments: