

## Customer Satisfaction Survey

Unit Type and Number:

Point of Contact Name:

Point of Contact Email:

Council:

How did you hear about Treasure Island (TI)?

Did we communicate with you effectively?

What dates did you camp with us?

Was this your units first time camping on TI?

Yes

No

If no, why did you choose TI?

Would you camp with us again next year?

What was the best part of the weekend? What will you always remember?

What could we change so that TI is even better for next year?

Was our staff polite and helpful?

Yes

No

If no please explain so we can get better.

Did we meet your expectations? Is there anything we could have done differently?

Please submit any further comments below or on the back.