



“Come to the Mountain. Let GOD refresh your soul!”

EVALUATION FORM

Sacramento Methodist Assembly

P.O. BOX 8 Sacramento, NM 88347

1-800-667-3414 fax (505) 687-4219 email: sma@pvtnetworks.net

By this time, your event with us has concluded, and we sincerely hope it was a resounding success! Thank you again for choosing Sacramento.

This form is to assist us in continuing to provide our guests with quality services and facilities and to improve this ministry. We ask for your honest opinion – both positive and negative – in each of the categories listed below.

GROUP NAME (optional): _____ Date ____/____/____

Please write in the appropriate ratings:

E = Excellent

G = Good

F = Fair

P = Poor

N = Not applicable

	RATING	COMMENT
OFFICE		
Pre-arrival help and information	_____	_____
Arrival	_____	_____
Check-out	_____	_____
HOUSEKEEPING		
Lodging rooms	_____	_____
Meeting spaces	_____	_____
FOOD SERVICE		
Quality	_____	_____
Quantity	_____	_____
Meal selections	_____	_____
Cleanliness	_____	_____
OUR STAFF		
Management	_____	_____
Office Personnel	_____	_____
Food service personnel	_____	_____
Recreation personnel	_____	_____
Housekeeping personnel	_____	_____
Snack & Gift Shop personnel	_____	_____
Maintenance & Grounds crew	_____	_____

How would you significantly improve our services to you?
(Additional comments may be made on the back of this form)

Please take a few minutes to complete this form, and return it to the above address. Please be assured that your opinion matters. Thank you in advance!