



FOR OUR VISUALLY IMPAIRED PARTICIPANTS

VIP Feedback Form

Name: _____ Date: _____ Guide: _____

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

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

How would you rate your day?

Comments:

1 2 3 4 5

How would you rate your guide?

Comments:

1 2 3 4 5

Did you ski/snowboard to your
expectation? 1 2 3 4 5

Comments:

Was your experience well
organized? 1 2 3 4 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 a Foresight Ski guide, Inc. committee
membership? yes no

If yes, please leave your phone number so that we may contact you:

Additional comments: