



OPEN EVENT- FEEDBACK FORM

Event:
Name:
Club:
Email Address:

For each item identified below, circle the response or number (1 being poor to 5 being excellent) that best fits your judgment of its quality & experience.

Survey Items	Responses				
1. Did you enter via the Shirley Opens On line booking system	Yes	No			
If yes - did you find it simple to do so	Yes	No			
2. Did you enter via Post or Golf Empire	Yes	No	Golf Empire		
If yes - were you allocated an acceptable tee time	Yes	No			
Would you book On line for any future open events at Shirley Golf Club	Yes	No			
3. Please rate the registration process on the day	1	2	3	4	5
4. If you dined with us were the food choices provided satisfactory	Yes	No	n/a		
If applicable please rate the food service & quality	1	2	3	4	5
5. Please rate our course condition	1	2	3	4	5
6. Are you a first time visitor to Shirley Golf Club	Yes	No			
7. Are you entered into any other opens at Shirley Golf Club	Yes	No			
8. Will you return to visit us again	Yes	No	Maybe		
9. Based on your experience today please provide an overall rating	1	2	3	4	5
10. Do you wish to receive advance notice of next year's open events via email (ensure you have supplied an email address above)	Yes	No			

Your Comments: