

Event Attendee Hospitality Feedback Sheet

Name

Email (optional)

Event Name

Date of Event

1. How would you rate the hospitality at the event?

- Excellent
- Good
- Average
- Poor

2. Was the staff courteous and helpful?

- Yes
- Somewhat
- No

3. How would you rate the event facilities?

- Excellent
- Good
- Average
- Poor

4. How would you rate the food & beverages?

- Excellent
- Good
- Average

Poor

N/A

5. Suggestions for improvement or additional comments

Signature

Date
