

**Phone Number** 



## **Poppyfield Equestrian Riding School - Customer Feedback Questionnaire**

We value your feedback; please take a minute to complete the form below (tick all that apply). Thank you.

1.	I	How often do	you/your child ride?
	$\circ$	First Visit	
		Monthly	
		Fortnightly	
		Weekly	
		More than C	Once a Week
2. V		What activitie	s have you/your child participated in today?
	$\mathbf{O}$	Private Less	on
	$\mathbf{O}$	Semi-Private	Lesson
	O	Group Lesso	n
	0	Pony Club	
3. How would you rate yo		How would yo	u rate your experience today?
	0	Excellent	
	$\mathbf{O}$	Good	
	O	Average	
		Poor	
	$\mathbf{O}$	Other (pleas	e specify)
4.	ı	Do you consid	er the lesson/activity to be:
	O	Excellent va	ue for money
			or the activity
		Poor value f	
		Other (pleas	
5. H		How would yo	u rate the standard of facilities?
	$\circ$	Excellent	
		Good	
		Average	
		Poor	
		Other (pleas	e specify)
		Other (pieus	c spessify
6.	ı	How satisfied	are you with the instructors?
	$\mathbf{O}$	Excellent	
	O	Good	
	O	Average	
	O	Poor	
	0	Other (pleas	e specify)
7.	What activities/holiday events would you like to see in the future?		
N.			
Name			
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E-Mail Address		auui ess	