

WINGS Tour Evaluation Form

Your Tour Name: _____

Tour Date: _____

We prefer that each participant submit a separate form, even if you were on the tour with a companion.

Name: _____

Home Telephone: (_____) _____ E-mail: _____

Please rate each item from "Excellent" to "Poor". Comments are optional.

How would you rate your tour overall? Excellent Very Good Good Fair Poor

Comments: _____

How would you rate your tour's leadership? Excellent Very Good Good Fair Poor

Comments: _____

How would you rate your tour's hotels, vehicles, and other on-tour services?

Excellent Very Good Good Fair Poor

Comments: _____

How would you rate the assistance you received from the WINGS office? Excellent Very Good Good Fair Poor

Comments: _____

Did the pre-tour information you were sent prepare you adequately for the tour? Yes No

Comments: _____

What, if anything, can we do to improve this tour?

May we use your comments on our website or in our newsletter promotions of this tour? Yes No

Please mail your evaluation form to:

WINGS

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