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
1643 N. Alvernon Way, Suite 109, Tucson, AZ 85712-3350 USA
Tel: (520) 320-9868    Toll free: (888) 293-6443    Fax: (520) 320-9373    E-mail: wings@wingsbirds.com