



# Satisfaction Survey

Name of Renter: \_\_\_\_\_

Date of Rental: \_\_\_\_\_

Reason for Rental:    Personal             Clinic             Event

Was Facility ready upon Arrival:             Yes             No

Was Ground prepared well:             Yes             No

Comments: \_\_\_\_\_

\_\_\_\_\_

Did all Equipment work properly:             Yes             No

Use of Stalls:             Yes             No

Clean and ready upon Arrival:             Yes             No

Use of Trailer Hook-Ups:             Yes             No

Was Staff friendly, curtious, and  
easy to work with:             Yes             No

Comments: \_\_\_\_\_

\_\_\_\_\_

Any Suggestions or Dissatisfaction: \_\_\_\_\_

\_\_\_\_\_

Would you recommend SM Wildwood :    Yes             No

Other comments: \_\_\_\_\_

\_\_\_\_\_