

4 IN A BED - GUEST FEEDBACK FORM

Property Name: _____ Guest Name: _____

Guest Stay Information:

Number of Nights: _____ Date of Stay: _____

Accommodation Ratings (Please circle):

Cleanliness of Accommodation:	P oo r	F ai r	G oo d	Very G oo d
Comfort and Quality of Beds:	P oo r	F ai r	G oo d	Very G oo d
Quality of Facilities:	P oo r	F ai r	G oo d	Very G oo d
Accuracy of Description:	P oo r	F ai r	G oo d	Very G oo d
Value for Money:	P oo r	F ai r	G oo d	Very G oo d

Host Feedback:

Please provide your thoughts on the host's hospitality, communication, and helpfulness during your stay. Your feedback will assist us in selecting future participants for the programme.

Additional Comments:

(Please use the space below to add any other comments or feedback)

Consent and Declaration:

By signing below, I confirm that the information provided is truthful and accurate to the best of my knowledge. I consent to my feedback being used by the producers of '4 In A Bed' for programme purposes including public broadcast. I understand that the producers will handle my personal data in accordance with UK data protection laws.

Guest Signature:

Date:

Property Owner/Manager Signature:

Date:

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