

FOUR IN A BED - FEEDBACK FORM

Guest Name: _____ Stay Number: _____

Date of Stay: _____ Location / Address: _____

Accommodation Details:

Name of B&B: _____

Room Number / Name: _____

Host(s) Name(s): _____

Overall Stay Experience:

Cleanliness (1-10): _____ Comfort (1-10): _____ Facilities (1-10): _____

Welcome & Host Friendliness (1-10): _____

Value for Money (1-10): _____

Food and Drink:

Breakfast Quality (1-10): _____ Evening Meal Quality (1-10): _____

Presentation and Taste: _____

Comments and Feedback:

Would you recommend this B&B to others?

Yes

No

Maybe

Additional Notes:

Guest Signature

Host Signature

Signature: _____

Signature: _____

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