

# LA VIDA ROCK GYM

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## Event Feedback Form

Thank you for taking the time to fill out this form! Your feedback is important to us and will help us to continue developing our programs. Please return this completed form to:

**La Vida Rock Gym**  
**255 Grapevine Road**  
**Wenham, MA 01984**

Group leader's name \_\_\_\_\_

Group name or organization (if applicable) \_\_\_\_\_

Dates of event \_\_\_\_\_

Type of event (e.g. birthday party, reunion) \_\_\_\_\_

Number of participants \_\_\_\_\_ Age range \_\_\_\_\_

How did you hear about the Rock Gym? \_\_\_\_\_

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### Please rate the following aspects of your experience at the Rock Gym:

1) Registration/pre-program contact:	Excellent	Good	Fair	Poor
Comments:				

2) General appearance of facility:	Excellent	Good	Fair	Poor
Comments:				

3) Atmosphere of event:	Excellent	Good	Fair	Poor
Comments:				

4) Pace of the event:	Excellent	Good	Fair	Poor
Comments:				

5) Quality of the activities:	Excellent	Good	Fair	Poor
Comments:				

6) Quality of participant interaction:	Excellent	Good	Fair	Poor
Comments:				

7) Quality and effectiveness of staff:	Excellent	Good	Fair	Poor
Comments:				

8) Your overall satisfaction:	Excellent	Good	Fair	Poor
Comments:				

Additional comments \_\_\_\_\_

**Would you like to be added to the Rock Gym email list to receive occasional information about promotional events and news updates?**

**Yes No**

**Would you like to be contacted about additional opportunities with La Vida?**

**Yes No**

Your name \_\_\_\_\_ Email \_\_\_\_\_