

FEEDBACK FORM



Please complete this and send to:

BESTWAY TOURS & SAFARIS

206-8678 Greenall Avenue

Burnaby, BC CANADA V5J 3M6

Tel: (604) 264-7378 / 1-800-663-0844

Fax: (604) 264-7774 • Email: bestway@bestway.com

Tour Name
Departure Date (Month DD, YYYY)

		Mr. / Mrs. / Ms
First Name	Last Name	Please Circle
State/Province/Region	Country	
GENERAL INFORMATION		
How did you first learn of Bestway Tours & Safaris?		
What was the key factor in your decision to join this tour?		
Guides <input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Average <input type="radio"/> Fair <input type="radio"/> Poor	Hotels <input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Average <input type="radio"/> Fair <input type="radio"/> Poor	
Transportation <input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Average <input type="radio"/> Fair <input type="radio"/> Poor	Overall Experience <input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Average <input type="radio"/> Fair <input type="radio"/> Poor	
Your overall rating of this tour		
Additional comments (if any)		
<input type="radio"/> Yes <input type="radio"/> No		
Would you recommend this tour to others?	Remarks	
PRE-DEPARTURE SERVICE		
Agents Name		
Organisational skills <input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Average <input type="radio"/> Fair <input type="radio"/> Poor		
Please rate your Agent organisational skills	Remarks	
YOUR TOUR GUIDE(S)		
First & Last Name (GUIDE 1)	First & Last Name (GUIDE 2)	
First & Last Name (GUIDE 3)	First & Last Name (GUIDE 4)	
Personality <input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Average <input type="radio"/> Fair <input type="radio"/> Poor	Organisational skills <input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Average <input type="radio"/> Fair <input type="radio"/> Poor	
Is he/she helpful during the tour? <input type="radio"/> Yes <input type="radio"/> No	General & Local knowledge <input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Average <input type="radio"/> Fair <input type="radio"/> Poor	
Please rate your Tour Guides on the following		
Additional comments		

TOUR COMMENTS		
Itinerary Presentation		Excursion & Sightseeing
<p>Comments</p> <p>We do not approve of clients being taken into shops by your Tour Leader or local guides. Please indicate whether you were taken into shops or pressured to buy goods. If so, please provide details.</p>		
<input type="radio"/> Yes <input type="radio"/> No		
		(If yes) please specify details
FUTURE TRAVEL		
<p>May we use you as a reference for this tour by supplying your name, phone number and/or email to interested clients? May we use your comments on this questionnaire in our printed literature or website? If so we will not use your full name but just initials.</p>		
Reference		
<input type="radio"/> Yes <input type="radio"/> No		
(If yes) please provide email and/or phone		Your Telephone
		Your Email
Quote		
<input type="radio"/> Yes <input type="radio"/> No		
		Quotation (if yes)
<p>If you want us to send our brochure to anyone, please provide their name and address(es)</p>		
<p>Where would you like to travel next? List destinations and we'll forward Itineraries to you</p>		