



## Birthday Party Survey

Would you please take a moment of your time to fill out this survey. We want to know what you thought of your child's birthday party here and the service you received. Thank you!

1. When was your party? (Date \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_)(Time) \_\_\_\_\_  
\_\_\_\_\_

2. Do you recall the names of the instructors that worked the party?  
\_\_\_\_\_  
\_\_\_\_\_

3. In general, how do you feel about the birthday party?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Was the information you received about our birthday parties clear and informative?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Was the office helpful in setting up your party and in answering all your questions?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Were the invitations that were provided helpful when planning your party or did you use your own?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. When you arrived for your party was the facility clean?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Continued on Reverse)

8. When you arrived for your party, were the instructors helpful in assisting you to get organized and set up?

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9. During the party, were the instructors enthusiastic, fun and safe with the children?

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10. Did your child and guests enjoy the party?

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11. Would you ever consider having another party at our facility?

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12. Do you have any ideas, comments or concerns that you'd like to share that may help us to better serve our customers?

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13. Would you like to be contacted by Imagymnation Management? \_\_\_\_\_

14. Were you told by our office that for every student that enrolls due to your referral you receive \$10.00 off your next tuition payment?

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15. OPTIONAL:

Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Phone Number:(wk) \_\_\_\_\_ (hm) \_\_\_\_\_