



Facility Evaluation Form

Thank you for utilizing The Winterville Center for your recent meeting/event. We hope it was a positive experience for everyone involved!

Whether there is something we are doing well or something that you feel we could improve upon, we would appreciate receiving your feedback.

For your convenience, we have provided the following form for you to complete. Once the form is completed and saved, it can be mailed to City of Winterville, P.O. Box 306, Winterville, GA 30683, marked ATTN: Winterville Center or dropped off at our office at 371 N. Church St.

If you have any questions as you complete the form, contact our office at 706-742-0823.

Thank you again for choosing the Winterville Center for Community & Culture as your event host. We look forward to seeing you again soon!

Facility Rental Evaluation Form

Event Information:

Contact Name: * _____

Company Name: * _____

Event Name: _____

Event Date: _____

Email Address: * _____

The Room

1. How did you find the overall appearance of the room? (Cleanliness, décor, etc.)

Very Appealing

Very Unappealing

10 9 8 7 6 5 4 3 2 1

2. Was the temperature and air quality comfortable?

Very Comfortable

Very Uncomfortable

10 9 8 7 6 5 4 3 2 1

Comments:

Staff Services:

3. Was the office staff person who reserved your room and made the arrangements helpful and courteous?

Very Helpful/Courteous

Not Helpful/Courteous

10 9 8 7 6 5 4 3 2 1

4. Did we get it right?

Yes, well organized

No, not helpful

10 9 8 7 6 5 4 3 2 1

5. Was The Winterville Center staff helpful the day of the event?

Yes, very helpful

Not Helpful/Courteous

10 9 8 7 6 5 4 3 2 1

Comments:

The Equipment

1. Please check the equipment you used during your event:

VCR/DVD Overhead Projector Drop Down Screen Piano Did not use equipment

2. Did you receive the instruction you needed for using the equipment?

10 9 8 7 6 5 4 3 2 1

3. Did everything work as expected?

10 9 8 7 6 5 4 3 2 1

4. Please list any equipment you would like to see offered in the future:

Kitchen

1. Please check the appliances you used during your event:

Stove/Oven Refrigerator Ice Machine Freezer Coffee Machine

2. Were the appliances clean?

Yes, very clean

Not clean

10 9 8 7 6 5 4 3 2 1

3. Was the floor clean?

Yes, very clean

Not clean

10 9 8 7 6 5 4 3 2 1

4. Were the counter tops clean?

Yes, very clean

Not clean

10 9 8 7 6 5 4 3 2 1

5. Did everything work as expected?

10 9 8 7 6 5 4 3 2 1

Please list any equipment you would like to see in the future:

Rest rooms

1. Were the restrooms clean?

Yes, very clean

Not clean

10 9 8 7 6 5 4 3 2 1

2. Was there sufficient:

hand soap

paper towels

toilet tissue?

10

9

8

7

6

5

4

3

2

1

List any problems you encountered in the restrooms:

Please list any other issues you feel we need to address?

Thank you for taking the time to complete this evaluation form. Your comments will enable us to provide better services for future events.