



## YOUR POINT OF VIEW IS IMPORTANT TO US

Complete this survey and you will automatically be entered into a monthly prize drawing!

To participate in the monthly drawing complete the following information

Name:

Day phone:

Address:

City/Zip:

Check here if you would like to be contacted by staff.

If you would not like to participate in the monthly drawing skip to the section below.

The goal of the Bartlett Park District is to provide you with the finest in parks, programs and services. By completing the following survey you will provide valuable information that we will use to measure our success.

1. The facility was clean and the surroundings were pleasant. YES NO
2. The facility met my expectations. YES NO
3. I was greeted and served by staff in a prompt, courteous and professional manner.  
YES NO
4. All of my questions were answered to my satisfaction. YES NO
5. The registration process was clear and concise. YES NO
6. I was satisfied with the level of services provided. YES NO
7. Please list an employee(s) that gave you exceptional service: YES NO

### PROGRAM/SPECIAL EVENT COMMENTS/SUGGESTIONS

**Program Title or Description:**

**Date of program:**

**Day of the week:**

**Comments/Suggestion:**

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**The Bartlett Park District management and staff would like to thank you.**

Submit form to the Registration Office, Bartlett Community Center, 700 South Bartlett Road, Bartlett, IL 60103

Phone: Mary Ann Winters 630/540-4865, Fax: 630/540-4869, Email: mwinters@bartlettparks.org