

Name of Event: _____

Date/Time of Event: _____

Location of Event: _____

Number of People Served: _____



CARL
SANDBURG
COLLEGE

sandburg.edu

Event Survey

Please return to Boxcar after each event.

1. Did you like the quality of the food?

Comment area for Boxcar

2. Were you happy with the service provided for the event?

Comment area for Boxcar

3. Was the food, table service and beverages brought and cleaned up in a timely fashion?

Comment area for Boxcar

4. What would you change?

Comment area for Boxcar

5. Other comments. (ex: price paid for value offered, process for ordering, etc)

Comment area for Boxcar

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