



Trip Evaluation

We hope that your recent trip with Southwind Adventures was rewarding and enjoyable in every way. In order to improve our operations and to provide better service, we ask that you take a few moments to comment on your experiences in South America. Your suggestions are much appreciated.

Thank you. We look forward to serving you again!

Name: _____

Trip: _____ **Travel Dates:** _____

PRE-TRIP PREPARATION	Excellent	Good	Needs Improvement
1. Pre-departure information packet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Final Documents (1-2 weeks before departure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Overall quality of trip consultation and materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How might we improve in this area?

STAFF How would you rate the following? (If applicable)	Excellent	Good	Needs Improvement
4. US office staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Tour guides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Trekking/climbing/rafting guide(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Porters/mule drivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Cook/Kitchen staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Drivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Other staff: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments (be specific and mention names):

SERVICES

How would you rate the following? (If applicable)

Excellent

Good

Needs
Improvement

11. Transfers/Land Transport

12. Flights: - Within So. America

- International

13. Accommodations

14. Camp sites

15. Camping equipment

16. Meals

17. First-aid kit

18. Environmental/cultural impact

How might we improve our services?

HEALTH

Yes

No

19. Was the difficulty of the trip as you expected?

20. Did you suffer any health disorders on the trip?

21. Was appropriate treatment provided?

Please explain any health problems or concerns you experienced and their possible cause:

ITINERARY

What places and experiences did you enjoy the most?

What places and experiences did you enjoy the least?

Suggestions to improve the overall enjoyment of this trip?

SUMMARY

On a scale of 1 to 5, please let us know how your trip met expectations?

Excellent 1 2 3 4 5 **Needs Improvement**

How does your Southwind experience compare with other adventure trips you may have taken?

What Southwind destination would you be interested in next?

ADDITIONAL COMMENTS OR SUGGESTIONS:

Would you be willing to share your experiences with others considering this trip or destination? YES NO

May we use your comments in our promotional materials? YES NO

How do you prefer to be contacted? Home Office Ph: _____

Email _____

Would you like us to send information to friends, relatives, associates or organizations?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____