

# Birthday Party Evaluation



Please take a couple of minutes to let us know how we are doing at FAC.

Child's Name \_\_\_\_\_ Party Time \_\_\_\_\_  
Party Date \_\_\_\_\_ Host \_\_\_\_\_

Please rate the following:

1 Please rate your overall satisfaction with your birthday party:

- Very       Somewhat       Very Little       Not at all

Comments: \_\_\_\_\_  
\_\_\_\_\_

2 Please rate your overall satisfaction with booking your party:

- Very       Somewhat       Very Little       Not at all

Comments: \_\_\_\_\_  
\_\_\_\_\_

3 Overall satisfaction with your party host:

- Very       Somewhat       Very Little       Not at all

Comments: \_\_\_\_\_  
\_\_\_\_\_

4 Do you plan on booking a party again in the future?

- Yes       No

If no, why? \_\_\_\_\_  
\_\_\_\_\_

Please rate the following facility evaluation.

Host	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Facility Cleanliness	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
FAC Staff	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Affordability	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Party Times	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

We appreciate any feedback to improving the programs we offer to our community.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How have you benefited from our services?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Questions or comments? Please contact Krysta McFarland, Recreation and Aquatic Program Supervisor,  
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