

Cocoa Beach Country Club Customer Satisfaction Survey



We hope you enjoyed your round of golf today. Please take a moment to fill out our questionnaire to let us know how you were treated and what you think of our course.

Please drop completed forms in the drop box at the cart return -or- mail to City Manager, City of Cocoa Beach, 2 South Orlando Avenue, Cocoa Beach, Florida 32931

DATE _____ TEE TIME _____

1. Did you have a reserved tee time? (Circle answer) YES NO (Circle one)
 2. Was there an unreasonable wait to tee off? YES NO If Yes, how long? _____ minutes
 3. Was the Pro Shop staff friendly and courteous? YES NO
 4. Was the Starter friendly and courteous? YES NO

5. Course Condition:	Excellent	Good	Fair	Poor
TEES	_____	_____	_____	_____
FAIRWAYS	_____	_____	_____	_____
ROUGH	_____	_____	_____	_____
SAND TRAPS	_____	_____	_____	_____
GREENS	_____	_____	_____	_____

6. MY SCORE TODAY WAS _____ --> MY USUAL SCORE IS _____ TO _____.

7. If you are not a regular player at CBCC, how does our course compare to the course you play most often

	MUCH BETTER	SOMEWHAT BETTER	SAME	SOMEWHAT WORSE	MUCH WORSE
COURSE CONDITION	_____	_____	_____	_____	_____
COURSE DIFFICULTY	_____	_____	_____	_____	_____
COST TO PLAY	_____	_____	_____	_____	_____
PLAY SPEED	_____	_____	_____	_____	_____

8. Additional Comments: _____

OPTIONAL:

YOUR NAME: _____

ADDRESS: _____

PHONE: _____

Thank You!