



Date _____

Customer Survey

In order to provide a better service to you, we would like your opinion of Kart World.

1) Which type of kart did you drive? (Please tick)

Standard [] Advanced [] Super [] Elite []

2) What was your opinion of the drive? _____

3) What was your opinion of the Kart World staff?

Ticket Office _____

Controller/s _____

Have you got any suggestions about how we could improve our service to you?

5) Have you been to any other go-kart centres?

If YES: Which centres? _____

Which centre do you think is best? _____

Why? _____

6) Any other comments? _____

7) (optional) Name: _____ Licence No: _____

Controllers _____ T/Office _____

Send back to Fax – 9478 2838 or E-mail director@kartworldbelmont.com.au

