



*The breeze that keeps you moving*

## Questionnaire

Welcome on board and thank you for choosing *Sailorsbreeze* !  
Your input is valuable to us in order to improve our services.

Please take 2 minutes to answer the following questions.

|                                                   |                                |
|---------------------------------------------------|--------------------------------|
| <b>Full name:</b> .....                           | <b>Telephone:</b> .....        |
| (In capital letters)                              |                                |
| <b>Address :</b> .....                            | <b>Mobile phone:</b> .....     |
| (In capital letters)                              |                                |
| <b>City :</b> .....                               | <b>State / Country :</b> ..... |
| (In capital letters)                              | (In capital letters)           |
| <b>Postcode :</b> .....                           | <b>Email :</b> .....           |
| <b>Birthday :</b> .....                           |                                |
| <b>If skippered , name of the skipper :</b> ..... |                                |

### 1. How did come to know about *Sailorsbreeze* ?

|          |                          |                                |                          |
|----------|--------------------------|--------------------------------|--------------------------|
| Internet | <input type="checkbox"/> | Boat show                      | <input type="checkbox"/> |
| Referral | <input type="checkbox"/> | Advertisement                  | <input type="checkbox"/> |
| Agent    | <input type="checkbox"/> | If Agent , who ? .....         |                          |
| Other    | <input type="checkbox"/> | If Other , please specify..... |                          |

### 2. Is this your first cruise with *Sailorsbreeze* ?

|     |                          |    |                          |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

### 3. Please rate each of the following aspects of our service:

|                                                 | Excellent                | Very good                | Good                     | Fair                     | Poor                     |
|-------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| A. Organisation of charter , from Sailorsbreeze | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. The welcoming at the departure base          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. The check-in procedure                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Overall condition of the yacht               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Cleaning                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Condition of the sails                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Engine                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Electronic equipment                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Safety equipment                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Backup support during the cruise             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K. The welcoming at the return base             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L. The check-out procedure                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |