



Guest Comments

At Spazio we believe in providing excellent service for our customers. Please take a moment to fill out our questionnaire so that we may continue to provide you with top quality food and service.

1. **How did you hear about Spazio?** *(circle one)*

Internet TV Newspaper Band Other

Please Specify: _____

	Excellent	Good	Fair	Acceptable	N/A
2. Appetizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Soup / Salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Main Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Dessert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Host	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Comments: _____

In order to participate in our monthly **Dinner for Two** drawing, please fill out this section. You will automatically be added to our guest list.

10. Name: _____

11. Birthday: _____ Anniversary: _____

12. Address: _____

13. City/State/Zip Code: _____

14. E-Mail: _____ Telephone: _____

Thank You

Server _____ Ticket # _____