



Tai Tong Lychee Valley

大棠荔枝園有限公司

Visitor Survey

Thank you for visiting our Tai Tong Lychee Valley, in order to improve on our facilities and to enhance our service to you, we would like you to spend a few minutes to complete the following questionnaire and return it in person to our ticket office or by mail, or fax it to us on 24703662. Once again, thank you for your support and encouragement.

Please tick 「✓」 in the appropriate box.

Date of visit : _____ Time :AM/PM _____

Your favour visiting places/spots (please 「✓」 where appropriate, max.5 ticks)

- Lotus Pond
- Waterfall
- Sight-seeing Tower
- Tea Pavilion
- Lake Pavilion
- Ecological Park
- Horse Stable
- Organic Greenfield
- Butterfly Exh. Room
- Great Grassland
- Fruit & Veg. Exh. Room
- Chinese-sturgeon Pond
- Agricultural Tools and Exh. Room
- South China Agricultural University: Agricultural Scientific Exh. Hall
- Others: _____

Your favour playing areas/ activities (please 「✓」 where appropriate, max.5 ticks)

- Horse Ride
- Net Fishing
- Horse Feeding
- Foot Drive Water Wheel
- Funny Bridge
- Bicycle Ride
- Children Playground
- Animal Feeding
- Horse Riding Seminar
- Photos with Traditional Dress
- Bullock-cart Ride
- Funny Climbing Net
- Others: _____

Please comment on the following:

- | | Best | | | | Poor |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (1) Staff service and helpfulness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Our visiting spots and facilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Choices on Food and Beverage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) Surrounding Environment and Hygiene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) Toilets and Wash-basin facilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (6) No. of visiting time | ① | ② | ③ | ④ | ⑤ or more |
| (7) Consider to visit again in the future | | | | | |
| (8) Your suggestion on our service and facilities: | | | | | |

- (9) Would you like to receive any information from us,if yes, please provide us with the following information. Yes No

Name (In Block Capital) : _____
 Organisation/ Company Name: _____
 Tel. No.: _____ Fax No.: _____ E-mail: _____

This questionnaire is for reference only, it will not be used for any other business purposes.