

# Luxury Cruise Guest Satisfaction Form

Full Name

Email Address

Cabin Number

Cruise Name/Route

Date of Cruise

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How would you rate your overall experience?

- ☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5

Quality of Service

Cleanliness

Dining Experience

Onboard Activities & Entertainment

What did you enjoy the most?

What could we improve?

Additional Comments