

Culinary Curry Club	
Name	_____
Address	_____
City	_____
State	_____
Zip	_____
Phone	_____
Birthday	Month____ Date____
Anniversa	Month____ Date____
E-mail *	

HOW DID WE DO?					
1. How would you rate the following:					
	SERVICE		FOOD		AMBIANCE
<input type="checkbox"/>	Excellent	5	<input type="checkbox"/>	Excellent	5
<input type="checkbox"/>		4	<input type="checkbox"/>		4
<input type="checkbox"/>	Good	3	<input type="checkbox"/>	Good	3
<input type="checkbox"/>		2	<input type="checkbox"/>		2
<input type="checkbox"/>	Poor	1	<input type="checkbox"/>	Poor	1
2. Was this your first visit?					
<input type="checkbox"/>	YES			<input type="checkbox"/>	NO
If no, how long since your last visit?					

* In the event we send news and information about upcoming events and products via email.

Comments/Suggestions for improvement:

How did you hear about us?

Get your Culinary Curry Card Today!
"CULINARY CURRY CLUB"
Number Assigned #