

Print This Survey (Ctrl+P) Fill it out and bring it to Café Ambrosia to receive \$10 off of your meal.

Café Ambrosia's Customer Form (strictly confidential)

Date: _____

Last Name _____

First Name (s) _____

Address _____

Home Telephone # _____ Cellular # _____

Fax # _____ E-mail # _____

Birthday _____ Smoker Yes No

Special Anniversary (please specify date and type): _____

- Preferred Foods (Check all you like)

Beef	<input type="checkbox"/>	Vegetarian	<input type="checkbox"/>
Seafood	<input type="checkbox"/>	Vegan	<input type="checkbox"/>
Poultry	<input type="checkbox"/>	Flexitarian	<input type="checkbox"/>
Pork	<input type="checkbox"/>	Greek	<input type="checkbox"/>

- Preferred Drinks: (Please indicate type)

Cocktails: _____

Wines: _____

Beer: _____

- Special Events that you generally like to participate:

Wine Tasting	<input type="checkbox"/>	Art Exhibits	<input type="checkbox"/>
Expos	<input type="checkbox"/>	Religious Gatherings	<input type="checkbox"/>
Other Events	_____		

- Do you cater at your business? Do you cater at home?

- Home Food Delivery? Do you smoke Hookah

- Our goal is to provide our guests with the best possible dining experience.

Your feedback will help us become better for you. Please Grade Café Ambrosia based on a scale of A= Excellent, B= Good, C= Average, D= Poor, on:

Price _____ Cleanliness _____ Value _____

Quality _____ Taste _____ Presentation _____

Service _____ (if not A please indicate below why)

Overall Satisfaction _____

- What suggestions or improvements would you recommend?

Thank you for your patronage. We are in our 9th year of operation only because of you. Your friends at Caf  Ambrosia.