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SouthWings Passenger Feedback

Your feedback is very important to help improve our service to you and your organization.

Please carefully consider answers for the 5 questions, and return to your pilot. Thank you!

Flight Date ___/___/___

Your Name _____ Title: _____

Organization /Affiliation _____

Project's Name/Description _____

State(s) where Flight Conducted _____ Pilot _____

1. Is this your first SouthWings flight? Yes _____ No _____
2. How will information or images you gained from this flight be used? (circle or check any which apply)
 - a. Published article
 - b. Online Media
 - c. Newsletter
 - d. Enforcement action (local/state/federal government)
 - e. Research, education, etc.
 - f. Other _____
3. What two things will you do now as a result of what you've learned/seen/understood/witnessed today?
 - a.

 - b.
4. Did this flight meet your objectives-If yes, please tell how?

If not, what could we have done to meet them?

5. What date is good to follow-up regarding outcomes from your flight, one week _____, one month _____?

Yeah!! Finished.....thank you so much!