

Hotel Name

SUMMARY GROUP CHECK LISTS

Period Date ;

Company/Agent Name

Detail :

- Seminar Lunch Dinner Break
 Party Lunch Dinner Break

Check in am/pm Check out Am/pm

Function Room	Lunch	Dinner	Revenue
<input type="checkbox"/> Class Room	<input type="checkbox"/> Rest 1	<input type="checkbox"/> Rest 1	Room _____
<input type="checkbox"/> Theatre	<input type="checkbox"/> Rest 2	<input type="checkbox"/> Rest 2	F/B _____
<input type="checkbox"/>	<input type="checkbox"/> Poolside	<input type="checkbox"/> Poolside	Extra _____
<input type="checkbox"/>	<input type="checkbox"/> Lobby Lounge	<input type="checkbox"/> Lobby Lounge	TOTAL _____
<input type="checkbox"/>		<input type="checkbox"/> Function Room	
<input type="checkbox"/> Secretary Room		<input type="checkbox"/> Presidential Pool Villa	

Comment

.....

.....

.....

.....

.....

.....

.....

.....

Problem / Complaint

.....

.....

.....

.....

.....

.....

.....

.....

Problem/Complaint Handling

.....

.....

.....

.....

.....

.....

.....

.....

Hotel Sales

Hotel Staff

Overall Comment

Good
 Average
 Poor

Remarks

.....

.....

.....

Signature

Acknowledge/Approve by

.....

Front Office Manager