

**2010 YMCA CAMP BELKNAP
PARENT/CAMPER QUESTIONNAIRE**

Dear Parents:

We are pleased to have had your son at YMCA Camp Belknap ("Camp Belknap"). We have a mission at Camp Belknap to put Judeo/Christian principles into practice through programs that build a healthy body, mind and spirit. We strive to provide quality overnight camping experiences that are fun and safe.

Please take a few moments, with the help of your son, and complete this brief questionnaire. The volunteer board of directors that sets the policies for Camp Belknap and its staff needs your reaction to your son's experience at camp this summer. The comments and suggestions of parents and campers have led to meaningful changes in the past. Please feel free to make additional comments, if you wish, and mail this questionnaire back to us as soon as possible to YMCA Camp Belknap, PO Box 1546, Wolfeboro, NH 03894.

Thank you,

Caryn & Gene Clark III, Directors

Camper's Age _____ **Camper's Division (circle one)** C J M B S

Number of Years at Camp _____

Session at camp in 2010: 1st 2nd 3rd 4th Specialty Camp

What did your son enjoy most at camp?

What does he feel should be changed?

What do you as parents feel was the best about camp?

Based on your son's experience this summer, do you feel he would return next season?

Yes No Please explain why:

Overall, how would you rate the following at Camp Belknap?

	Excellent	Very Good	Good	Fair	Poor
Staff and leaders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camp appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall camp experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What suggestions or constructive comments would you like to make about Camp Belknap?

Please provide us with your name and address (optional):
