

## *To: Morning Sports Parents and Participants*

We would like you to complete the following survey. Your response is important to our staff so we may improve and better serve those that participate.

1. Is this your first year at camp? \_\_\_\_\_ or how many years? \_\_\_\_\_
  
2. Did camp meet your expectations? \_\_\_\_\_
  
3. Did your Camper(s) enjoy their experience? Please circle one

Did your camper make friends?	Yes	No	Somewhat
Did your camper want to come to camp?	Yes	No	Somewhat
Did they talk about camp when they were at home?	Yes	No	Somewhat
Were the counselors friendly and polite?	Yes	No	Somewhat
Did you know the counselors name?	Yes	No	Somewhat
Was your child greeted and made to feel welcome?	Yes	No	Somewhat
Did your camper enjoy the highlighted sport?	Yes	No	Somewhat
Did your camper have fun with other daily games?	Yes	No	Somewhat
Did your camper have fun being active?	Yes	No	Somewhat
  
4. What was your camper's favorite activity? \_\_\_\_\_
  
5. Was the registration process convenient and easy for the camps you chose this summer? \_\_\_\_\_
  
6. Will you return next year? \_\_\_\_\_
  
7. Additional Comments.