

Camp Iredell Adventures Evaluation 2010

1. How many weeks did your child/children attend camp (out of 8 weeks)? _____
2. Did your child/children enjoy their Camp Iredell Adventures experience? Yes No
If not, why? _____
3. Do you think Camp Iredell Adventures was a value for the cost? Yes No
If not, why? _____
4. Was the registration process easy for you to follow? Yes No
If not, what would have been easier? _____
5. Were the school drop-off/pick-up sites at reasonable locations? Yes No
If not, what would be a better site? _____
6. Are the CIA hours of operation (7:30am – 6:00pm) convenient for you? Yes No
If not, what would be a better time? _____
7. Was the office staff friendly, helpful, and professional? Yes No
8. Was the camp staff friendly, helpful, and professional? Yes No
9. Do you think your child/children will return to camp next summer? Yes No
If not, why? _____
10. Would you recommend Camp Iredell Adventures to others? Yes No
If not, why? _____
11. How did you find out about Camp Iredell Adventures? _____

On a scale of 1-10 with 10 being the highest/best, how would you rate the following?

Camp Staff	1	2	3	4	5	6	7	8	9	10
Field Trips (Weds)	1	2	3	4	5	6	7	8	9	10
Daily Activities	1	2	3	4	5	6	7	8	9	10
Overall Program	1	2	3	4	5	6	7	8	9	10

Additional Comments: Please make any additional comments or suggestions that you feel would be helpful (use the back if necessary). We are constantly looking for ways to improve our program, and appreciate any feedback we can receive (positive or negative).

Parent Name(optional) _____ **Camper's Name(optional)** _____

Please return to camp. Forms may also be returned to the Iredell County Parks & Recreation Office at PO Box 788, Statesville, NC 28687. Fax # 704-924-4117.