

# How Did We Do?

We need your help! For help with our future planning, please fill out this questionnaire. Return is as soon as possible in the enclosed self-addressed, stamped envelope.

***(CHECK ONE)***

REGISTRATION:

▶ Excellent ▶ Good ▶ Fair ▶ Poor

Comment: \_\_\_\_\_

FOOD:

▶ Excellent ▶ Good ▶ Fair ▶ Poor

Comment: \_\_\_\_\_

DINING HALL AND SERVICE:

▶ Excellent ▶ Good ▶ Fair ▶ Poor

Comment: \_\_\_\_\_

REFRESHMENTS AND SERVICE:

▶ Excellent ▶ Good ▶ Fair ▶ Poor

Comment: \_\_\_\_\_

CHAPEL:

▶ Excellent ▶ Good ▶ Fair ▶ Poor

Comment: \_\_\_\_\_

MUSIC:

▶ Excellent ▶ Good ▶ Fair ▶ Poor

Comment: \_\_\_\_\_

SPEAKER:

▶ Excellent ▶ Good ▶ Fair ▶ Poor

Comment: \_\_\_\_\_

CABINS:

▶ Excellent ▶ Good ▶ Fair ▶ Poor

Comment: \_\_\_\_\_

NURSE:

▶ Excellent ▶ Good ▶ Fair ▶ Poor

Comment: \_\_\_\_\_

SWIMMING:

▶ Excellent ▶ Good ▶ Fair ▶ Poor

Comment: \_\_\_\_\_

ACTIVITY TIME (SPORTS):

▶ Excellent ▶ Good ▶ Fair ▶ Poor

Comment: \_\_\_\_\_

FUN TIME:

▶ Excellent ▶ Good ▶ Fair ▶ Poor

Comment: \_\_\_\_\_