

Troop 626 Camp-Out Evaluation

Date: _____ Campout: _____ Name: _____

Please help us make our camping program better by answering the following:

CAMP-OUT PLANNING INFORMATION:

Did you get enough information about what to bring to this camp-out? Yes No
Did you get good information about what you would be doing? Yes No

FOOD:

Did you like the food on this camp-out? Yes No

What meal(s) did you not like? _____

What meal(s) would you suggest? _____

CAMP-OUT ACTIVITIES:

Did you work on a Merit Badge or rank advancement? Yes No
Was there enough time dedicated to merit badges or advancement? Yes No
Did you have enough free time? Yes No

Which Camp-out activity did you like the best? _____

Which activity did you like the least? Why? _____

Were there enough supplies or equipment provided for the activities? Yes No
Were the supplies or equipment provided in good condition? Yes No
Were you able to practice any leadership skills? Yes No

OTHER COMMENTS:

Was the length of camp-out too long? Was it too short? Yes No
If yes, explain. _____

Would you like to do this camp-out again? Yes No
Would you recommend this camp-out to a friend? Yes No

If you could change anything about the trip, what would it be? _____

How would you rate your satisfaction with this camp-out on a scale of 1 (great) to 5 (bad), please circle a number. 1 2 3 4 5

Do you have any comments or suggestions you'd like to share? _____

Please provide your completed Camp-Out Evaluation to Mr. Byron or Mr. Glander at a Troop Meeting, by mail or by e-mail.

Thank you for helping Troop 626 evaluate and improve its camping program!