



Jamestown Sea Adventure Camp Evaluation

We strive to make each campers' experience a positive one. Please take a few moments **with** your camper to share what aspects of camp went well for him or her and which, if any, could be improved for future summers. Your feedback is important to us. **Thank you!**

CAMP WEEK & AGE GROUP: _____ CAMP TIME: _____

Name (voluntary): _____

Email Address: _____

1.) What is your camper's favorite activity or part of *Jamestown Sea Adventure Camp*??

2.) Campers, please tell us something you learned about sailing and something you learned about the marine environment.

Sailing: _____

Marine: _____

3.) Does your child want to return to *Sea Adventure Camp* next year? Yes No

If **No**, please explain:

4.) Were you pleased with your child's Camp Instructors? Yes No

Comments:

5.) Parents, please comment on your registration experience online. Was it easy to use, helpful, or did you encounter any issues?

6.) Did you receive an email reminder with notes on what to bring to camp and other details?
a.) If so, was it helpful?

b.) Anything you think should be added?

c.) Was the e-mail reminder sent within a reasonable amount of time so that it was helpful or would you like to see it sent earlier?

7.) Can we add you to our e-mail list? (We will never share your information with anyone.)
If yes, please include your e-mail address.

8.) How did you learn about Jamestown Sea Adventure's Summer Camps?

9.) Thoughts, comments, suggestions:

Thank you for your feedback!

Please return evaluation to the Camp Instructor or e-mail to CISFSailing@gmail.com; or
Mail to: Jamestown Sea Adventure Camp, 7 Felucca Avenue, Jamestown, RI 02835

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