

# YMCA CAMP FULLER CAMPER EVALUATION 2008 Session \_\_\_

Camper Name: \_\_\_\_\_

Division: Sherman Junior Jungle Senior

Please circle the number in columns 1 through 5 that best describes how you feel about the following:

	GREAT		OK			COULD BE BETTER
1. Overall camp experience	5	4	3	2		1
2. Your cabin counselors	5	4	3	2		1
3. Meals	5	4	3	2		1
Favorite: _____						Least Favorite: _____
4. Free time after dinner	5	4	3	2		1
5. Evening Activities	5	4	3	2		1
Favorite: _____						Least Favorite: _____
6. Programs	5	4	3	2		1
Favorite: _____						Least Favorite: _____
7. Country Olympics	5	4	3	2		1
8. Sun Prod	5	4	3	2		1
9. Council Fire	5	4	3	2		1
10. Cleanliness of camp	5	4	3	2		1

Please circle the number of friends you made at camp    1    2    3    4    5    6    7+

Please tell us what you liked most about Camp Fuller

Please tell us what you liked the least about Camp Fuller

Would you like to come back next summer?        YES        NO

Please use the back of this form to write any additional comments or draw a picture