



**GROUP CAMPING/GROUP RENTAL EVALUATION**

We hope you enjoyed your visit to YMCA Camp Ocoee. Your feedback is very important to us and is vital in helping us improve our program. Please take a few minutes to fill out this evaluation on our services. Thank you!!!

Date: \_\_\_\_\_

Name of Group: \_\_\_\_\_

What facility did you visit? Main Camp: \_\_\_\_\_ Camp Wasson: \_\_\_\_\_

**Pre-Arrival Information:**

1. How did you hear of YMCA Camp Ocoee?

-Brochure: \_\_\_\_\_ -Friend: \_\_\_\_\_

-Internet: \_\_\_\_\_ -Video: \_\_\_\_\_

-Other: \_\_\_\_\_

2. Was pre-arrival reservation/registration well organized? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Were the staff helpful and courteous in planning your visit? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Are there any improvements you would make to our reservation/registration process? (Please explain):

\_\_\_\_\_  
\_\_\_\_\_

5. Comments on Questions 1-4: \_\_\_\_\_

\_\_\_\_\_

**Facilities (Buildings and Lodging):**

1. Were the facilities generally clean? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Were the facilities as advertised in our brochure? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Any additional services in facilities you would have found helpful: \_\_\_\_\_

\_\_\_\_\_

**General Facility**

1. Was the general landscaping and setting of the facility attractive and well maintained? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Were the program areas in the facility useful and maintained? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Any additional comments regarding the general facilities: \_\_\_\_\_

\_\_\_\_\_

**Program:** (if applicable)

Please put a check mark next to programs provided by YMCA Camp Ocoee staff:

- High Ropes: \_\_\_\_\_ -Togetherness/Low Ropes: \_\_\_\_\_ -Paintball \_\_\_\_\_  
-Canoeing: \_\_\_\_\_ -Total Team: \_\_\_\_\_ -Swimming: \_\_\_\_\_  
-Other: \_\_\_\_\_

1. Was the program well organized and planned? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Was the staff thorough and helpful in teaching/facilitating program? Yes \_\_\_\_\_ No \_\_\_\_\_
3. What did you most enjoy about the program? \_\_\_\_\_  
\_\_\_\_\_
4. What improvements can be made to help our program grow? \_\_\_\_\_  
\_\_\_\_\_

**Food:** (Only if provided by the YMCA Camp Ocoee food service)

1. Was the food satisfactory for the program? Yes \_\_\_\_\_ No \_\_\_\_\_
2. What items would you like to see on our menu? \_\_\_\_\_
3. How would you improve the food service at YMCA Camp Ocoee? \_\_\_\_\_  
\_\_\_\_\_

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Would you recommend YMCA Camp Ocoee to others? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

What was the main reason why you chose YMCA Camp Ocoee? \_\_\_\_\_  
\_\_\_\_\_

Further/Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we use your comments to promote YMCA Camp Ocoee in the future? Yes \_\_\_\_\_ No \_\_\_\_\_

Thank you again for taking the time to fill out this evaluation!!

Please return to:

YMCA Camp Ocoee, Group Camping Evaluation, 111 YMCA Drive, Ocoee, TN 37361