



# CAMP OMEGA, INC.

22750 Lind Avenue  
Waterville, Minnesota 56096-9320  
Phone 507-685-4266  
Fax: (507) 685-4401

www.campomega.org • info@campomega.org

Dear Parents / Guardians of Summer Campers:

Greetings in the name of Jesus. Your child has just completed a week of summer camp at Camp Omega. We pray their week here was one of fun and enjoyment and also one that challenged and strengthened their faith and knowledge of their Savior.

One of the most important aspects of our summer program is the input from our campers and their parents so that we can continue to improve the experience you and your campers have at Camp Omega. We are especially open to any input and comments that will help to make the coming weeks and summers even better. These evaluations are anonymous, so please be honest and open with your remarks. If you do wish for us to contact you regarding your comments, please indicate that on the back of this form.

Thank you for your time and comments. We look forward to seeing you and your child again next summer.

In HIS Service,

Bob LaCroix – Executive Director

Please feel free to use my comments in promotional materials ( ) anonymously ( ) identified as \_\_\_\_\_

## My child participated in

(dates)

(program name)

**Reactions to specific program areas: Please mark each accordingly to the camper's interest. Please feel free to write any comments you may have about each area:**

	NO INTEREST/DIDN'T LIKE			REALLY ENJOYED	
1. Counselor.....	1	2	3	4	5
2. Meals .....	1	2	3	4	5
3. Christian Growth Time (Bible Studies) .....	1	2	3	4	5
4. Session Times .....	1	2	3	4	5
5. Cabin Group Times .....	1	2	3	4	5
6. All Camp Activities.....	1	2	3	4	5
7. Canteen Time (Camp Store).....	1	2	3	4	5
8. Off-Site Adventure Trips (if applies).....	1	2	3	4	5
9. Evening Campfires (mini-dramas) .....	1	2	3	4	5
10. Friday Closing Celebration.....	1	2	3	4	5

*Over Please . . .*

## **General Questions**

- 1. How would you evaluate any information or instruction you received from the Business Office (*on line registration, on line forms, mail in registration, application, confirmation packet, answers to questions*)?**
- 2. What was your Child's Expectations of this camping experience before arrival?**
- 3. In what ways did we or did we not meet those expectations?**
- 4. Upon your arrival at Camp, what was your reaction to the Registration Procedure?**
- 5. If you dropped off or picked up campers, what was your reaction to the Camp Grounds & Facilities?**
- 6. What, if anything, did your child mention concerning the Christian Growth Times?**
- 7. What was your child's Overall Reaction to his/her camp experience? How has your child(ren) changed or grown as a result of this experience? Emotionally? Spiritually? Enjoy the most? Dislike the most?**
- 8. How were you treated by our office staff, counselors, or other personnel?**
- 9. Additional Comments (use additional pages if necessary)?**

**Again, your time, promptness and input are greatly appreciated. Thank you!**